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Anna B. Taylor-Cole
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THE
HOMEOPATHIC THERAPY
OF
DISEASES OF THE BRAIN AND NERVES

BY
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DEDICATION.

TO MY FIVE GRANDCHILDREN
FREDERICK AMBROSE, GEORGE SIBLEY, ELEANOR,
JANETTE PRESTON AND PAULINE DORRIS,
THIS BOOK IS DEDICATED WITH THE
HOPE THAT IT MAY INFLUENCE
ONE OR MORE OF THEM TO
STUDY AND PRACTICE
HOMEOPATHY.

PREFACE

SEVERAL of my student graduates of the State University of Iowa, and a few others have written me, lately, asking me to put in book form the indications for our homeopathic remedies for patients suffering from mental and nervous diseases. They request that I give the indications for the remedies as I did in my lectures and clinics, grouping the symptoms and ranking them from my experience. Some say that such conditions as *tabes dorsalis*, in fact all mental conditions, are not treated fully enough in our text books on Homeopathy—not as fully as they were treated in my lectures. A few suggest that the sub-division of many subjects which were treated as one twenty-five years ago would throw light on the “elective affinity” of drugs as well as the action of the drug upon the tissue affected, thus making the selection of the indicated remedy easier.

And finally, a few of my old school friends believe that a book based upon “up-to-date” symptomatology and diagnosis with such a presentation as I make for the selection of the indicated remedy would induce more of their school to prescribe according to homeopathic principles. With the hope that the requests may be met and

the last suggestion may become a realized fact, this book is presented to the medical profession.

The teachers and writers to whom I am most indebted for the knowledge which led to the experiences recorded in this book are T. F. Allen, Samuel Lilienthal, Martin Deschere, W. H. Dickinson, Erasmus Case, Stuart Close, J. T. O'Connor, John Wilson, William Tod Helmuth, C. W. Eaton, J. G. Gilcrist and James W. Ward of our School; Hammond, Osler, Anders, Adolph Meyer and W. A. White of the dominant school.

To the above named and others I have tried to give due credit by putting their writings in quotation marks. If any have not been credited the omission was not intentional.

GEORGE ROYAL.

INTRODUCTION

THAT the reader may more easily and clearly grasp the object and effectively use this book, we make the following statements :

1st, That no remedy which has not a definite and positive “elective affinity” for the brain, spinal cord and their meninges will be considered.

2nd, That the fact that a remedy has such an elective affinity will be determined by the writer’s experience of forty-five years.

3rd, That the indication of only a few of the leading remedies for each division or subdivision will be given in full, the others only mentioned.

4th, That the symptoms will be given in groups.

5th, That the essentials of a symptom are location, sensations and modalities ; by location is understood the tissue or organ involved ; being in this case the brain, and spinal cord, with branches, also their meninges.

6th, That the book is divided into four chapters, according as the tissues are irritated (algias), inflamed (itises), changed functionally (physiologic), changed structurally (pathologic).

7th, That the symptoms given under each remedy

were taken from our case records of both private patients and patients treated in the clinic which we held at the State University of Iowa for twenty-eight years.

8th, That the diagnosis and etiology in each case is given for the purpose of showing whether we were dealing with an irritation, functional, change, inflammation or a structural change.

9th, That this book is intended for the general practitioner, not for the specialist in either neurology or psychiatry; to the general practitioner because he is the first to see and treat the conditions considered herein.

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HOMEOPATHIC THERAPY OF DISEASES OF THE BRAIN AND NERVES

CHAPTER I.

THE NEURALGIAS

To facilitate the selection of the indicated homeopathic remedy, let us divide the neuralgias into two general classes—the exogenous and endogenous. We base this classification upon the etiological factors. The causes of the exogenous neuralgias are traumatism; worry; such drugs as quinine, mercury, lead, copper, ergot, alcohol, nicotine, etc., etc.; and such diseases as malarial fever, grippe, typhoid, dysentery, ptomaine poisoning, “colds,” etc.

The endogenous neuralgias are found in patients who have an inherited constitutional tendency to such conditions as tuberculosis, gout, and the graver neuroses.

Our exogenous class include the pure uncomplicated neuralgias—*i.e.*, irritation of healthy nerve tissues. It is often stated that if this is true, any one remedy, capable of irritating brain or nerve tissues, would cure all cases of brain or nerve irritation. The statement is made on the assumption that we are treating nerve irritation and that all individuals respond alike to the same stimulus. But every graduate of homeopathy who has attended the clinics of the department of materia medica

and therapeutics knows that such an assumption is irrational, false, and that action upon it is often futile and in many cases positively injurious to the patient.

SUBDIVISIONS.

Partly because most of our text books are still publishing our symptomatologies in the schema form and partly because we have different tissues in different parts and sections of the brain and nervous system, we will follow the schema form.

CEPHALALGIA—HEADACHE.

Definition.—Forty-seven years ago cephalalgia was defined by our professors as follows: "Every kind of headache, whether symptomatic or idiopathic, is a cephalalgia. It is ordinarily symptomatic and has to be treated accordingly." Professor Lilienthal then made two divisions: neuralgia of the external head-muscles; and neuralgia of the brain substance—internal head. We are going to define cephalalgia as *irritation of the brain mass tissues*.

Etiology.—The causes of cephalalgia should be divided into two general classes. Direct, exogenous; and reflex, endogenous. As direct causes should be mentioned traumatism and such agents and substances as act primarily upon the brain tissues, *e.g.*, excitement, shock; glonoïne, belladonna; agents which in the beginning produce a simple irritation, but which, if continued, may cause inflammation or functional changes and even structural changes.

Pathology.—There are no structural changes, hence no pathology.

Diagnosis.—This is not difficult. If the first attack, an accurate account of what has taken place during the

preceding 48 to 72 hours. If there have been previous attacks, a detailed account of each of such attacks and of the interval between. These will determine in the majority of cases coming under the head of direct cephalalgia.

It may be, in fact often is, difficult to differentiate between the direct and reflex. And still more, between many forms of reflex, to differentiate one from another, *i.e.*, whether reflex from stomach, sexual organs, blood, etc., etc. And yet a correct differential diagnosis between them is a very important, if not the most important, essential in selecting the indicated remedy.

Prognosis.—Good for the direct variety. For this class you can promise a rapid and complete cure in nearly every case. The few exceptions will be those unavoidable cases of worry and shock, also those patients who prefer the headaches to giving up their tea, tobacco, alcohol and other stimulants and also excesses of various kinds. We feel sure that the number of this last class is decreasing and will continue to do so still more rapidly as the education of the people by the public schools becomes more and more effective.

Symptoms.—Their name is legion, limited only by the patient's vocabulary and this includes every adjective in the English language. For the correctness of the above statement the reader is referred to his own experience, to any or all our text books, but especially to King and Underwood on Headache.

The *modalities* are nearly as numerous as the sensations and form an even more important essential of the symptoms. There is no condition from which we humans suffer whose symptoms are harder to group and whose rank is harder to determine than the one under consideration. Instead of enumerating the long list of symptoms and

then repeating them under each remedy, we will simply give a few of the leading ones under a few of the most effective remedies, and give these according to their rank in each group.

HOMEOPATHIC THERAPY.

1st. When trauma is the cause.

Before naming and giving the group of symptoms of our most important remedies for this cause, let me state that I am going to give the group produced by the injury and not include the groups which are caused by anemia, by sepsis, by rheumatism, etc., etc.; groups of symptoms which the remedy has cured and may have caused. This rule will be followed by the writer throughout the entire book. Therefore, bear in mind the one condition of the patient we are treating.

Arnica mont.—An *authenticated history of the injury*; the sensations are given as *aching*; *bruised*; occasionally *sharp*, as if a nail were being driven into the brain;* mental confusion. The *aching* was *aggravated* by *stooping*, ameliorated by having the head elevated. The *aching* and *bruised* sensations were over the entire head; the sharp pain was over that part of the head where the skull had been fractured.

Our text books give different parts of the head as the location of the pain. Our experience teaches us that the location of the pain and of the injury are the same. Concussion of the brain is the most frequent injury causing the irritation; spiculæ of fractured bone is the next most frequent. For such cases, give five drops of the 3rd or 6th, internally, and use a lotion of the tincture, one dram to the pint of water, locally.

* A patient of mine had this last symptom and it continued till, by an operation, a small piece of bone from the fractured skull was removed.

Hypericum perf.—This remedy is useful for cephalalgia due to trauma. In many cases it seems to be complementary to Arnica, removing the hyper-sensitiveness after Arnica has controlled the congested, bruised condition. The pain is severe, described as *bursting* and *aching*.

Hypericum is better than Arnica when the *injury includes the spine*, and especially when the cause has been more widely distributed as a shake-up in an auto or railroad-coach. *Shock* under Hypericum, whether physical or mental, is much greater than under Arnica. And, finally, the pain extends into the face more under Hypericum than under Arnica.

Modalities.—*Worse in damp, foggy weather; better from bending the head backward.*

We have used Hypericum in higher potencies than Arnica and repeat less frequently. The 3rd, 6th and 30th repeated two or three times daily till improvement is obtained.

To remove the effects of alcoholic and other stimulants use :

Nux vom.—This is the most frequently called for remedy.* The sensations are *aching as if beaten*; tensive pain; heaviness; *dull*; confused; *dizzy*; sticking; *bruised*. The associated symptoms of the group are *nausea* and *vomiting* of the contents of the stomach, usually *sour* and “*nasty*,” *ineffectual urging to stool*, which may be *constipated* or *diarrheic*; *mental irritability* and sensitiveness to every impression; cross; ill-humored; *hypochondriac*. The forehead seems to bear the brunt of the attack.

Modalities.—*Worse on first waking*; from mental exertion; better after an uninterrupted nap; and *binding the head tightly*.

* Allen, Hughes, Lilienthal, Jousset.

Make-up.—Any and all are affected but more especially the *spare, dark, neurotic*, and those of sedentary occupation. Use in all potencies.

It has been our practice to give the tincture ten drops on first waking and the same an hour later on the morning after the debauch, and then five drops of the 30th or 1000th every evening. Repeat the tincture only when the patient repeats the spree.

Pulsatilla has nearly all the symptoms of Nux; the dull, stupid, bruised, aching pains more in the forehead. Pulsatilla is more often one-sided than is Nux. It has the nausea and sour vomiting, also bad taste like Nux.

We differentiate from the following: 1st. *Make-up*.

The Pulsatilla patient is *fair*, often *stout*; the *mental depression is easily dispelled*. Fatty foods and pastry were added to the alcoholic drink during the feast. The *modalities* differ also. The Pulsatilla headache is first felt on waking and grows worse in the evening. Nux is usually better in the evening. For old sinners with the Pulsatilla modalities, we have in several cases secured good results by giving the two doses of Nux tincture in the A. M. and Pulsatilla 3rd or 30th in the P. M.

Coffea.—Coffea resembles Nux in his physical make-up, his *extreme sensitiveness to all impressions, especially to the effects of alcohol and tea*. The Coffea patient is much *more demonstrable* than the Nux.

Mentally the Coffea patients differ from the Pulsatilla in that they want to go off by themselves and enjoy their misery alone. They resent being “jollied” or any other attempt to cheer them, while the Pulsatilla patients are more than willing to share all their troubles with others or unload them on their heads. Give in the 30th or higher.

Chamomilla resembles Nux in that *irritation of the brain always produces mental irritability*. The patients

are *crabbed, cross, peevish, snappy*, having no more use for their friends than they have for themselves. In this group the Chamomilla patient has neither nausea nor vomiting. Chamomilla has been more useful for patients who have used both alcohol and coffee at their feasts or perhaps only coffee to excess. We have had the best success with it in two classes of patients. First, those who use alcohol to excess and take morphine to counteract the effect of alcohol. Second, those who have taken strong coffee "to quiet the nerves" after a fit of anger or some similar emotion. We always use Chamomilla in the 30th for this condition.

Sun-Headache.—Before taking up the endogenous form of encephalalgia there is one other variety I wish to consider at this time, viz., headaches, irritation of the brain, caused by exposure to the sun.

This "*sun-headache*" may be acute, of short duration; or chronic, of long standing. We will use the records of four cases as illustrations:

Case I. Belladonna.

A middle-aged professional man, with an excellent family and personal history, not accustomed to physical labor, for the purpose of completing some repairs on his house, assisted the carpenter one hot day. He went without his breakfast, worked steadily till 1 P. M., part of the time in the shade and part of the time exposed to the sun. He then went down town, got a bowl of soup and salad for lunch, and then went to his office where he was busy for a few hours with clients. During this time he noticed that he was not perspiring as he usually did. About 5 P. M. he realized that he had not urinated since 7 A. M., and an attempt to do so resulted in failure. His head felt full and he was slightly dizzy. He then started for home. A little later we found him lying on the grass in the yard with a *pulse of 165, full, bounding; tempera-*

ture 105.5; face flushed a bright red; a throbbing, beating headache; and widely dilated pupils. He was given Belladonna 30th, five drops every 15 minutes, and cold water applied to the head. He voided over a quart of urine about two hours after the first dose. All the other symptoms gradually subsided during the night and by 9 A. M. the next day all that remained were occasional sharp shooting pains in the head, worse from stooping, better from having the head high. The Belladonna was continued at intervals of three hours. He was at his office the third day after the attack.

Case II. Gelsemium.

A. In 1887 I was called in haste to see the wife of a German farmer. The husband, who had studied homeopathy and practiced it some, told me that his wife was helping in the harvest field when she suddenly collapsed. She was taken into the house at once (11 A. M.) and had been unconscious ever since (5.30 P. M.). He further stated that, as she could not swallow, all that had been done was to keep cold water on her head. The face was a dull *besotted* (not bright) red; the *pupils were dilated*; temperature, 106.1; the *pulse was 95, full, soft*; the respiration was *labored and slow*, 18-20. There was no twitching or movement of muscles as under Case I. Being unconscious, there was no complaint of pain. Ten drops of Gelsemium 1st in a dram of water were put into the mouth, a few drops at a time, and the muscles of deglutition manipulated till they were swallowed. This was repeated every 15 minutes for four doses, then once an hour for four doses. Hot water was substituted for cold for local applications. She regained consciousness, about 8 P. M., enough to recognize us. At 9 P. M. she began saying, "Oh! my head. *My head aches so, it is so full and big.*" At 11.30 P. M. her temperature was down to 103.5, the pulse 110 but of better quality, and she was

perfectly rational. She told us she became dizzy before she fell. At 1.30 A. M. as we left for our train, she was improving rapidly. She was kept quiet for a week and then resumed her usual duties.

B. Some twenty years later, Case II brought her son to my office with the following: "Five years ago when he was 13 years old he was away from home and got overheated about the same as I did, only not so bad. He was all right the third day. He is perfectly well in winter and when cool in summer, but when the thermometer gets above 85 he has a fearful headache and gets dizzy if he works out in the sun." The young man gave me these symptoms: "My sight gets blind, then I get dizzy so must get into the shade and sit down; then a dull pain from the back of my head, low down, goes through to my eyes, sometimes also spreads up over the whole head. Everything gets better by keeping in a cool shady place, but I'm good for nothing in the hot sun." He was given Gelsemium 30th before each meal and at bedtime. This was the latter part of July. He improved some during the remainder of that summer and has been free from the trouble ever since.

Case III. Glonoine.

A. *Glonoine* has a most *violent headache* in the acute cephalalgias, the result of sunstroke. The sensations come in *shocks with every beat of the heart*; like *Belladonna* and *Gelsemium* it produces *fullness*; it also has *pulsating, undulating, throbbing*; it differs from both *Belladonna* and *Gelsemium* in that it does not produce unconsciousness. The *Glonoine* patient is keenly aware of his suffering; he often grasps his head with his hands to stop the terrible *pounding*; he is very rarely dizzy; he is made *worse* by *shaking the head* and by *stooping*.

The color of the face resembles *Belladonna* if the

patient is plethoric; if anemic it is like Ferrum, *i.e.*, alternating bright red and pale.

In the three cases we have treated there was no change in temperature, but the heart, or rather the circulatory system, seemed the organ most affected. Our students at S. U. I. often secured a proving on the students of the college of medicine by giving them ten disks (candy pills, the old school boys called them) saturated with the 1st. We use the 2nd for the acute cases.

B. One of the students brought his mother to the clinic one hot P. M. of early June. "Taking the case" revealed the fact that several years before (she could not remember how long), she had suffered from sunstroke and, according to her son and daughter, symptoms very similar to those under "A" resulted. Ever since, the group of symptoms would return on every exposure to the hot sun. In addition the children had observed that she was "getting more and more *forgetful*." She had come to Iowa City that A. M. and had "walked around more than usual in the sun." She was given Glonoine 30th, ten drops every 15 minutes, till the attack had completely subsided and not again till another returned. This was followed up during the summer and in October the student son reported that not only had the attacks been of much shorter duration but also far less frequent. The treatment was repeated the next summer for the few light attacks which occurred. She never suffered from them afterwards.

One word about the repetition of the dose of Glonoine. We always repeat the dose at short intervals, *i.e.*, 10 to 30 minutes till marked improvement is obtained and then no more till another attack. For the acute case give low; for the chronic cases from 30th to 1000th but repeat either often.

For the *auxiliary* treatment apply hot instead of cold water to the head like Gelsemium, unlike Belladonna.

Case IV. Spigelia cures patients who suffer from the *so called* "sun-headaches." This headache is not caused but made worse by exposure to the sun. It begins at sunrise during hot weather, *grows worse as the sun becomes warmer, then better as the sun declines, and disappears soon after sunset.*

The pains are *sharp, darting, severe*; are in all parts of the head, especially over *left eye*. They come and go in all directions but the most frequent direction is from within outward, as if pressing through the skull.

Modalities are, worse from *stooping*, from every *heart beat*, from sudden *motion of the head*. The heart symptoms of the remedy are present in this group in a majority of cases. Use 30th, 200th and 1000th.

The additional substances which cause headaches are plumbum, mercury, zinc, stannum, phosphorus and sulphur. The patients are those who have been or are still working with these elements as miners or otherwise. The homeopathic remedies which will cure these patients are those which are given as antidotes to them. They are given in nearly all of our *materia medicas* and may also be found on another page of this book.

There is one drug which should receive special notice because it is so frequently used by the old school for various diseases. That remedy is **Chininum sulph.** The patient suffering from such a headache will always tell you that the headache dates back to some illness for which quinine was given in large, "heroic" doses.

There are two cases on record * which are exceptions. These were of two men, both of whom went to the drug store and got, one 25 grains, the other 30 grains of qui-

* See Royal's Practice, page 341.

nine and took all at one dose to break up a cold. The following symptoms soon developed: *ringing, buzzing, roaring in both ears; violent pulsating pains in the forehead and eyes; difficulty in hearing; a whirling feeling deep in brain; vertigo; unconsciousness; vomiting.*

Both had recurrences of the symptoms in a milder form from getting a cold. One had suffered four years, the other seven, when they came to me for treatment. Both were given Chininum sulph. in the 1000th. One responded very quickly and was cured by a few doses. The other was not benefited in the least and after a good trial the remedy was changed to Natrum mur. 1000th, which cured promptly and permanently.

Kali mur. 1000th cured the following: A business man, aged 46. He had always been well until three years before when he had typhoid fever, for which the physician gave him whisky and quinine. He was unconscious for several days during the typhoid. Since recovery he had suffered from all the symptoms given above, the most frequent and persistent being the *dizziness*; he never was dizzy enough to fall, however. He also had constant noises in the head like the *chirping of crickets*. He had been deaf since his typhoid and obliged to use a trumpet to hear anything. He said he had taken Chininum in all potencies up to the 1000th without benefit. Having in mind a case of Natrum mur., he was put upon that. But six months of it had no effect. He was then put upon *Kali mur. 30th, t.i.d.*, ten drops at a dose. At the end of three weeks he felt some improvement and the remedy was discontinued. Ten days after he returned with, "No good. Am going backwards." He was given *Kali mur. 1000th*, ten drops morning and evening for three days. The improvement returned and continued. All symptoms disappeared except the deafness.

Pulsatilla 3rd cured a woman of a headache dating back to the use of quinine for grippe (flu, pneumonia). The *pains in the forehead and eyes were worse every time she took cold and during the time of the menses*, at which time she also had severe ear-ache. With the colds came a profuse *yellowish-green discharge from the nose*. This discharge was more free in the open air. The headache was better in the open air.

Pulsatilla 3rd, four doses of five drops each, daily, kept up for nearly ten weeks, completely cured.

THE ENDOGENOUS CEPHALALGIAS.

Passing now to that form of headache the cause of which is reflex from some other organ or tissue of the patient's body, we will take up these organs and tissues in order of the usual schema form.

Eye.—Troubles in this organ often irritate the brain mass. *Headaches*, caused by *eyestrain*, *overuse*, or by *defects of accommodation*, also other abnormalities, are those most frequently met in our practice. Correction of the abnormalities by fitting glasses and operations will suffice in a large proportion of cases; but for many the indicated remedy, either by itself or as an assistant to the mechanical means, is absolutely necessary to a cure or even to an amelioration of the suffering.

TRAUMATIC EYE TROUBLES.

Arnica and **Hypericum**.—If the eye trouble is due to traumatism, these two remedies should be administered on the indications mentioned under headaches due to injuries.

Hypericum 1st cured a patient of the irritation and pain caused by an anterior synechia of three years' standing, the result of an injury.¹

Eye-strain.—All cases due to ocular defects not fully relieved by the fitting of glasses or operation should secure one of the following remedies:

Ruta grav.—This remedy easily leads all others for eye strains, especially from reading, but also from use for other purposes. The symptoms are as follows: The *pains are bruised and pressing*. The other sensations are weariness, *fatigue*, heat in eyes and *aching*. The patient, as a rule, is myopic and asthenic.

Modalities.—*Worse* from use, exertion, not only of the eyes but of the entire body;² *better* from resting the eyes—not using them at all.

Bryonia alb.—This remedy has *bruised, sticking* pains in the eyes, going back to center of brain, *caused and made worse by moving the eyes*.

Case.—A student who played on the basketball team came into our clinic one day with: "I want some medicine like that you gave my team-mate. My eyes are as his were." The class which was waiting for something more interesting, was about to send him to the drug room for *Ruta* when it was suggested that the case had not been taken. Questioning revealed the fact that he could use his eyes for reading, even by artificial light, for any length of time without any trouble, but ten minutes watching and playing with the ball not only "started the pain," but the longer he played the worse the pain became. As the examining senior thought that was "hair-split-

¹ Norton's Ophthalmic Diseases and Therapeutics. 8th Edition, page 554.

² One patient cured by it was a basketball player at State University of Iowa.

ting," the patient was given *Ruta* out of the same bottle as his classmate was given, and ordered to report in a week. He reported: "No good." He was then given *Bryonia* 3rd, same dose and interval. He reported "improvement" the next week, and in six weeks reported "cured," though he had played ball the same as before he came to the clinic.

Hamamelis Virg. with *Arnica* and *Hypericum* make a grand trio to allay irritation of the optic nerve caused by injury. It has more photophobia than either of the others. Intra-ocular hemorrhages are frequent complications. *Soreness* is the leading sensation. The 6th and 30th are the best potencies of *Hypericum*.

For the excessive use of alcohol, *Nux vom* is the leading remedy. *Marked photophobia* is the ranking symptom. This is *worse in the morning*, following a night's debauch. *Amaurosis* soon follows, then comes *iritis*, *paresis*, and in many cases *atrophy of the optic nerve* with the resulting symptoms. The stomach symptoms of *Nux* are often found in this group, an aversion to the usual food and drinks; *nausea with sour eructations*, also *vomiting* of sour fermented substance; and constipation with the ineffectual urging.

Modalities.—*Nux* patients are worse, not only in the morning after a spree but also from the use of tea, coffee and tobacco, and from excessive sexual indulgence. *Nux* has cured in potencies from the 3rd to 1000th.

Auxiliary Treatment.—The most successful is to stop drinking; a good nourishing diet is the second best; much exercise in the open air is third best. Potencies from 3rd to 1000th.

Coffee and Tea.—Irritation of the brain and nerves by the excessive use of these two beverages has often been controlled by *Nux*. The symptoms are the same as those

produced by alcohol. The physician cannot expect success in curing the Nux headache if the patient drinks much coffee while taking the remedy.

THE ENDOGENOUS, REFLEX, CAUSES OF CEPHALALGIA.

By this is understood that some organ or tissue is defective and that the result of said defect or abnormality is reflected to the head, causing headache.

Abnormalities of the eye cause more headaches than those of any other organ unless it be the female genitalia.

PARALYSIS OF OCULAR MUSCLES.

Etiology.—The causes are syphilis; the beginning of sclerosis of the spinal cord in syphilitic patients, also of non-syphilitic; hemorrhage; injuries; from such diseases as basilar meningitis, diphtheria; or even from getting wet or being exposed to a draught of cold air.

The result of any or all of the above causes may be many groups of symptoms but at this time we are interested only in headache—a reflex headache. We have enumerated the conditions only to help us to determine the rank of the symptoms of each group.

Gelsemium.—Our experience leads us to put Gelsemium at the head of the list *for muscular paralyses* of the eye. We have found the causes to be diphtheria, meningitis, emotion, and exposure. Have never seen it indicated for any other cause.

Head symptoms of Gelsemium *from meningitis or diphtheria* are a dull, heavy pain at the base of the brain extending through the head or over it to the eyes or from eyes back; *great tenderness* of the occipital region and down the spine; with this headache we often have marked *vertigo*; both *ache and vertigo* are made worse from heat.

Reflex Eye Symptoms: Subjective.—Great heaviness of the lids; a dull aching pain going from eye to occiput; *dull feeling in entire orbit*; tired feeling on using the eyes, *diplopia*.

Objective symptoms are dilated pupils and ptosis.

Reflex Headache of Gelsemium from Exposure.—Less pain and soreness in the occiput but more in the frontal sinuses; a watery, suffused condition of the eye; also sneezing, a flushed face, slow, full pulse and some rise of temperature. If this acute condition is added to the above, the chronic one, we have an aggravation of nearly all the symptoms of that group, *viz.*, heat and use.

Dose.—For the first group we usually begin with the 3rd, five drops four times daily, and when improvement has begun discontinue it. For the other group, we give the 30th twice daily. Occasionally the 1000th will be needed.

Rhus tox. and **Causticum** are two remedies which cause headache reflex from paralysis of the ocular muscles when the cause is exposure to cold and wet weather. *Rhus* from cold and wet, *Causticum* from cold and dry. *Rhus* has less paralysis than *Gelsemium* but much more swelling and discharge from the cellular tissue. The pain is more in and over the eyes like the acute *Gelsemium* group. The sensation of *Rhus* is heaviness, *pressure as from a board across the forehead*. It is seldom that this *Rhus* headache becomes chronic as does the acute *Gelsemium*.

Causticum also has less paralysis than *Gelsemium* but more than *Rhus*. It has far less moisture than either. It has more inflammation than *Gelsemium*, more dryness; the ranking eye symptom of the *Causticum* group is *pain and dryness as from sand*. Under head we have *marked vertigo, worse on stooping* and rising from a reclining position. *The sensations are throbbing and sticking*.

Spigelia has a severe, violent reflex headache involving the eyes, especially the right. The cause of the eye trouble is eye-strain. There is some ptosis. The eye symptoms are *burrowing, stitching* in center of eye; *sticking, pressing pain in the eye-balls going deep into the head* on moving the eyes or from reading.

The head symptoms are *burrowing, tearing pains in brain*, worse from motion, especially a jar from a misstep; also shooting pains in the forehead behind right eminence. Worse from the least motion of the eyes. Use 12th and 30th.

Ear Reflexes.—Our experience teaches us that there are few chronic ear troubles which irritate the brain mass. Compared with ocular troubles such cases are rare. We recall a few cases of chronic otorrhea with headache, the headache ceasing after the patient was cured of the discharge. **Chininum sulph.** cured one patient of a headache which came a few days before his attacks of Meniere's disease. In addition to the leading symptoms of that disease, *viz.*, vertigo causing falling, etc., there was *a shrill whistling, buzzing in the ear*, deafness, marked, *blurring of vision*, soreness above the right ear, heavy pulsating pains deep in the right side of the head, and *marked mental depression*—a feeling as if the attack was coming again and would kill him. The mental depression came before the headache; the headache was both before and after the attack of vertigo. The patient was given ten one grain tablets of Sulph. 30th at one dose. The next day he began taking five grains of Chininum sulph. 30th night and morning until he felt a return of the mental condition, then five tablets every three hours.

The intervals between the attacks had been irregular, from eight to ten weeks. He reported after fifteen weeks that he had just suffered from an attack, the first since taking the medicine, that the attack had been of shorter

duration and less severe, especially the headache. He was ordered to take the medicine as before. This was six years ago. He has had two more lighter attacks but none for five and a half years. We understand that it has not been definitely proven that Meniere's disease is caused by aural nerve trouble, but in this case all the symptoms of the disease (except the deafness) and the headache disappeared while he was taking the Chininum sulph.

Silica. *Case I.*—A young woman, aged 18, light hair, tall, with cold, damp hands and feet; history of t. b. c. for three generations on father's side, came to our clinic in 1912 with the following statements: "I have a discharge from my left ear, have had it for over four years following scarlet fever; the discharge is lumpy, usually light but sometimes a little bloody; cannot hear much from that ear; after I take cold, as I often do, the whole left side of my head is sore and aches; sharp pains shoot through my head, mostly from low down in the head to this ear and up to the top; the discharge is always worse after a cold. The pains in the head and ear are better from wrapping the whole head in hot blankets, but the discharge is freer when I do that."

Questioning brought out the fact that she and a classmate roomed together and lived on "nick nacks." She was given Silica 30th, triturate tablets, before each meal and at bedtime, five grains at a dose; was ordered a rich, nourishing diet and Hagee's cordial of cod liver oil, 4 c.c. after each meal.

Result.—First the headache, then the discharge, then the pain in the ears and buzzing sound disappeared. She reported once a week for seven months. During that time she had gained twenty pounds in weight and remarked, "I am perfect now except my hearing and that is better."

Case II.—A cousin of Case I (fathers were brothers), a student, gave a similar report, except that the discharge “dried up after running six months.” She also had more soreness of the side of the head. The same treatment cleared up everything except the hearing, and that was also slightly improved.

Chamomilla. *Case.*—Miss B., age 20, a student, light brown hair, neurotic temperament, came to our clinic for relief from headache. “A *tearing, dragging pain* in the *right side of the head, down into the right ear and jaw.* The pain just drives me mad. I can neither study nor sleep.” While being questioned she *snapped out her answers, kept her feet and fingers in constant motion.* No objective ear symptoms; but she said *all noises irritated* her. “*Everybody yells.*” When asked to open her mouth for examination of her teeth, she blurted out, “I don’t see what my teeth have to do with my headache.” Examination showed her right wisdom tooth just emerging from the gums. The gums were not much sore, though she stated they had been about a month or more before, at which time she went to the dental clinic and the gum was lanced, causing a good deal of bleeding. The soreness and pain in the gums were better after that but the headache has been growing worse ever since.

Chamomilla 30th, five drops every three hours, was given. She reported the next week that the headache began to improve in 36 hours and was gone at the end of three days. She then added, “My room mate told me to get some more of that same medicine, as it made me decent to live with.” We have used Chamomilla for otalgia of teething children, many times with gratifying success, but it was called for by another group of symptoms. The 30th potency seems the best.

HEADACHE REFLEX FROM CHRONIC GASTRIC CONDITIONS.*

Curschmann says, "The reflex forms of vertigo are usually curable." Our experience convinces us that this is especially true of cephalalgia of gastric origin of which *vertigo is one of the ranking, if not the ranking, symptom of the headache group*. Our case records show a large number of gastric headaches cured, so many that we will only give one illustration under each remedy used.

Nux vom. heads the list as regards number.

Case.—*A business man, age 43; tall; dark; lean; wiry; of nervous temperament; sedentary habits; rich liver; also using wine with meals and at other times alcoholic drinks* (the latter had been abandoned for three years); smoking five cigars daily; *poor sleeper, mind busy when awake*, which is usually from 3 to 5 A. M. Sleep heavy from 5.30 to 7.30 A. M. When awakened he has "a dull heavy aching in forehead and the whole head feels as if it had been pounded; dizzy as if drunk, worse upon getting up and walking; feels as if he would fall; the dizziness is worse upon getting up and after eating."

Stomach symptoms.—"A bad taste in mouth every morning; half of the time I cannot bear to drink coffee which I always enjoyed and which I need as a bracer since I quit drinking. Some nausea and occasionally vomiting of sour food and water; bowels at times loose and again constipated stools."

Nux vom. 30th was given, 5 drops ten minutes before each meal and at bedtime.

Auxiliary.—Cut out coffee, drink four pints of water an hour before breakfast, reduce the meat diet, take more fruit, and also take more exercise. Four months of this treatment restored him to normal.

* Curschmann Clinical Neuralgia, page 365.

Bryonia alb.—T. F. Allen taught his students that Bryonia cured a headache which was “sympathetic with gastric troubles.” Allen also taught us that the Bryonia headache was “rarely, *purely* neuralgic.”

Case.—Mr. W. B., street car conductor, age 38; *dark; short; muscular*; man with a good family and personal history came into the clinic in October, 1908, with the following: “I came to be cured of a headache, a *sticking, bursting* pain in my forehead, and *back of the head and from there down over the shoulders*. The pain comes and goes. It is there when I first wake up and *begin to move in the morning*. It is worse when I shake my head or look up and move it back, as I have to when I reach up to pull the rope. When it is bad my head is *sore* and so are my *eyes* when I touch and move them. No, I do not have it all the time. When I had my vacation in September I went to a sanatorium where they put me to bed, gave me light food and a lot of water they called soup. After two weeks there the pain was all gone, but it has come back worse than ever. My bowels are getting bad again, *stools hard, dry and dark*. My *stomach is sore* all over it.” His tongue was coated light, almost white. He had no fever, pulse and other organs normal. He was given Bryonia 3rd, five drops in a glass of water ten minutes before each of his three meals and ordered to report in two weeks.

The report was, “head some better, stomach a good deal better, bowels O. K.” He was put upon placebo, alcohol, the same as the Bryonia 3rd and told to report in one week. Report.—“Much better, guess I’m cured.” He was warned about his diet and not to forget taking at least six pints of water daily. He reported from time to time during the rest of the school year and always said, “Oh, I’m all right now.”

Pulsatilla nig.—This remedy has three groups of headache symptoms, *viz.*, *catarrhal*, *gastric*, *menstrual*. The gastric group may be illustrated by the following:

Case.—A tall, light, blue-eyed married woman of 28, mother of two children, stated: “I have a *stitching, bursting, one-sided headache*. I know it comes from my stomach for I have some nausea and a great deal of *spitting of food, also belching of food*. I crave sour things and *detest all greasy stuff*. No, I do not care for much water nor for any hot or warm drinks or food. My bowels are all right. I have two and sometimes three soft stools daily. My head feels worse in the evening, also from an hour and a half to three hours after meals. Yes, sometimes in the morning if I have been out the night before where refreshments were served.”

Pulsatilla 3rd, five drops, ten minutes before each meal and at bedtime, cured her. For this group use the remedy in the 2nd or 3rd.

Differentiation.—All three patients had gastric headache; all had morning aggravation, caused by improper diet. *Nux* on first awaking, *Bryonia* on first walking, worse on getting up and moving about. The choice of each remedy, however, was made on the *make-up* of the patients and the condition of the bowels, *i.e.*, *Bryonia*: dry, hard, dark, large and difficult; *Nux*, alternating hard and soft, also difficult, ineffectual urging; *Pulsatilla*, always soft, never difficult.

HEADACHE REFLEX FROM THE GENITAL ORGAN.

Actea rac. is the leading remedy of this class,* Boericke states: “Has a wide action upon the cerebrospinal and muscular system, as well as upon the uterus and

* Royal's Materia Medica.

ovaries." Also, "symptoms referable to the pelvic organs prominent." Our records show a large number of ovarian and uterine headaches treated by *Actea rac.* The groups of symptoms illustrating are as follows:

Case I.—Miss J. B., aged 27; a school teacher; dark; well developed muscles; quick in her speech and action. Entrance complaint: "I want you to cure my headache, my pain at time of menses, and to make me regular in time and the amount of flow. In other words, to make life a little brighter. My principal told me *Chamomilla* would cure me as it did her. I have taken it for four months but am not a bit better." Asked to be more explicit, she said: "Well, to begin at the end, *I get so blue for a few days before the menses I'd rather die than live*; then there are *shooting, pressing pains in my head* as if it would burst open; then there is a settled ache at the base of the head and in one eye. When I am worse, usually the day before the flow begins, it seems the *pupils would drive me crazy*. With the above there are *sharp pains shooting from one ovary to the other and down into the pelvis and legs*, both front and back of thighs, but worse in front. Oh, my bowels and stomach are all right. It's only my head, brain, and female organs." The interval between the menses varied from 20 to 30 days; the flow at some periods profuse, at others, scanty, lasted from 2 to 6 days, shorter when the flow was scanty. She had suffered from the above symptoms since maturity, which was at fifteen. She was just over her period.

Actea 3rd, five drops, four times daily, was given, a supply to last five weeks. She reported that the headache appeared the 23rd day, but not as bad as the average, and the pains in ovaries and thighs much better. Given the 30th to be taken as was the 3rd, and report after the next period. The second report showed improvement in every

respect. No headache. Actea discontinued. She returned thirty months later, saying she had been promoted to principal of her building, had much more work to do and had a return of headache. She wanted a bottle full of the same remedy. Upon being questioned she said the headache was different and not related to the menses, which had been normal for two years. The symptoms were those of Kali phos. and she was given that in the 3rd, five tablets three times daily. She has used that for a "bracer" when overworked, for the past eight years.

Sepia.—Next to Actea rac., in point of frequency, stands Sepia for headache reflex from the genital organs. The majority of Sepia patients are *neurotic, hysterical women*; hence the voluminous vocabulary for expressing their sensations, a few of which are *wavelike, pulsating, awful, terrible, boring, beating, stitching, throbbing, shooting, pressing, deep, superficial, jerking and tearing*. Any one or even all of the above may be found in some other remedy, so there is no one which is characteristic.

As with the sensations so with the modalities. Worse from cold air, before thunder storm, light, noise, motion, touch, working, also in forenoon and evening.

Better from gentle exercise in the open air, warmth of bed, wrapping the head up warm, bathing the face with cold water, profuse urination, rest, while eating, etc. Concomitant symptoms are yellow, greenish, irritating leucorrhea, irregular menses, *i.e.*, irregular in time, in interval between, too profuse, scanty. Prolapsus uteri with the bearing down sensation. Nausea, occasionally vomiting soon after eating, craving for acids.

Mind.—*Irritable and miserable*. The ranking symptoms in all the Sepia groups, but especially in this, are found in the make-up, *viz.*, *tall, dark, sallow, lean,*

slender, flabby. Her facial appearance confirms her usual statement: "I am so miserable."

Sepia does not act below the 30th. The 500th or 1000th are usually better than the 30th.

Platina.—This is a remedy which we have frequently used for reflex headache. The Platina patient is always neurotic and very often hysterical. She differs from the Actea and Sepia patients in that she says but little and says the same thing every time. It is, "I have a *squeezing, cramping, neuralgic pain over my eyes, in my forehead and sometimes deep in the brain.* This pain is followed by a numb feeling. It is worse at my sick time when I flow too much and too long, also too frequently. Yes, I have a good deal of the same cramping pain in the pelvis, with tingling. Yes, there is always too much sexual irritation (desire) just before and during the period." Many will say, "I know that you cannot help me but came because my husband or mother or friend sent me." The woman's appearance is just the opposite of the Sepia patient's. The face is usually bright and flushed, the carriage erect, the step elastic. She "condescends" to answer your questions, but she knows a great deal more about herself than any physician ever can find out. The 30th produces the best results. In a few cases the 12th has seemed better but no potencies above the 30th. Two doses of five drops each, morning and evening, at first, then once daily. In most cases it must be continued for months.

HERPES ZOSTER.

Synonyms.—Zona. Shingles. Intercostal neuralgia.

Definition.—Herpes Zoster is a neurosis with an eruption of the skin over the course of the affected nerve as an end product. As is unfortunately the case, it is often

treated for the end product—the pathology—rather than for the disease itself; for the objective, rather than for the subjective symptoms.

Etiology.—The irritation of the spinal ganglia from mechanical injuries; exposure to the elements; strains; and excitement, like fits of anger, fright. Curschmann * states that many of the intercostal neuralgias are tabetic or spondylitic root pains. He also claims that many of the so-called mastodynia or neuralgias of the breast are a very painful form of intercostal neuralgia. There is no doubt of infection being an etiological factor. Some authorities claim that the neuralgia is the end product of the skin manifestation rather than the reverse.

Pathology.—This will depend upon the cause. A pure, uncomplicated neuralgia has no pathology. It is a simple irritation of the spinal ganglia. However, should this irritation be permitted to continue, inflammation and structural changes may appear. In such cases there may be extravasation of blood and an exudation of small round cells, followed by degeneration and finally sclerosis.

Symptomatology.—In most cases there is slight chilliness and fever, followed by pains, burning, sticking, shooting along the course of one or any of the twelve intercostal nerves. The pain is accompanied by exquisite soreness and tenderness. After the eruption, the pains may be *sticking, raw, smarting*. *Insomnia* is a very common condition. I have known of two epidemics of herpes zoster. In the course of a few days or weeks in some cases the peculiar eruption will appear, first as a papule, on a reddened base, then as a pustule, and finally as a vesicle. These vesicles at first are clear but soon change to a darker hue, all the way to black. The vesicles often coalesce, form clusters of vesicles, or “scabs.”

* Neurology, page 96.

Prognosis.—In all cases of simple irritation the prognosis is good. In cases depending upon some complication the diagnosis will depend upon the disease and the stage of the complicating disease.

HOMEOPATHIC THERAPY.

We deem it best to give the indications for remedies most frequently used for not only all varieties of the zoster but for all varieties of herpes, thus avoiding a repetition under the head of the itises and structural changes as well as herpes facialis.

Arsenicum alb.—For severity and variation, as well as frequency of indication, Arsenicum alb. leads all remedies. The pains are *burning, shooting, also sticking*. The modality is *worse* at night, especially from 12 to 4 A. M.; *restlessness* is marked; *weakness* is great; *rapidity of action* is very noticeable. The *mouth* is *dry* and a sip of water will relieve for only a short time. The color of the *exudate* is *black*. The crusts are large and deep, often causing bleeding when removed. In about 50 per cent. of the cases we have the gastralgia and enteralgia of the remedy with the dark, watery stools.

Case.—A man, aged 65, dark, neurotic, with nearly perfect family and personal history, having all of the above symptoms, was completely restored to health by taking Arsenicum alb. 6th, at first and 30th later. The eruption was on the chest, both sides, and on the upper lip. For dressing I used boro-pix powder sprinkled freely over the affected parts of the chest and a solution of pix cresole, two tablets to an ounce of water, on the lip. His diet was rich soups, milk and cream, fruits, and three quarts of water daily.

Ranunculus bulb.—This remedy has been used by Dr. A. M. Linn and myself almost as often as Arsenicum.

It has *burning, bruised, stitching*; much *itching* as the eruption dries up; the vesicles are of *bluish color*; the eruption usually begins near the spine and extends down under the shoulder blades around the greater part of the chest. The modalities are worse when exposing the body to open air, motion, and damp weather. Use from the 3rd to 30th, five drops before meals and at bed time. Dr. Linn frequently used a lotion of one dram of the tincture to four ounces of hot water locally, twice daily.

Mezerium.—Like *Ranunculus* is worse from cold and like *Arsenicum* worse from 12 to 4 A. M. The *vesicles coalesce and form large scabs under which pus*, rarely blood, as under *Arsenicum*, exudes. I have used *Mezerium* for this stage of herpes but much oftener following *Ranunculus* when the neuralgic pains continue after the eruption has disappeared. The *pains* of *Mezerium* are *severe and aggravated* by the slightest touch.

The 3rd, 6th and 12th have given good results.

Rhus tox.—The modalities are the ranking symptoms. The history of the patient is the determining indication for this remedy. The rheumatic diathesis as shown by pains in the joints (tendons) and muscles, especially *lumbago* with the well known modalities of the drug, have always been present in the cases I have treated with *Rhus*. The skin symptoms are more pronounced than the nerve. *Stiffness*, drawing, tearing, crawling, are the sensations. The vesicles contain water at first, then pus. They do not coalesce as do those of *Arsenicum* and *Mezerium*. All potencies have been effective. The 30th, five drops every three hours.

Auxiliary Treatment.—Use oiled silk sewed into the night gown or underwear to prevent friction from fibres; a lotion of *Ranunculus* as stated under that remedy; *boropox powder*; or *pix cresole*, one tablet to the ounce. The

diet should be rich in phosphorus, not much meat except for the Arsenicum patients; and plenty of water, three or four quarts daily.

SPASMOPHILIA.

Synonyms.—Infantile convulsions. Spasms. Fits. Bronchotetany. Pylorospasm. Laryngo-spasm. Eclampsia. Tetany.

Spasmophilia, as represented by its many synonyms, is very frequently met by the busy general practitioner. It is also at times a serious condition calling for tact, skill and haste. For the above reasons we will consider it under separate headings or divisions.

Infantile Convulsions.—This form is usually found in children from six months to four years of age.

Etiology.—The cause may be anything from a profound organic brain lesion to a simple reflex gastric irritation as caused by worms.

Sex.—Boys and girls about equally affected.

Heredity often plays a part. I have known the children of three generations have spasms during the period of the first dentition.

Family trait.—I have treated two families whose children always had convulsions whenever the temperature reached 100 from any cause. Spasms may occur during the course of any infectious disease, more especially the eruptive. *Irritation* of the genital organs is by no means a rare cause.

Food, improper in kind or quantity, is a common cause.

Worms, which is one of the results of improper feeding.

Pathology.—This will depend upon the cause; anemia and hyperemia of the brain are frequently found. Any and all the conditions resulting from any of the causes mentioned may be found.

Prognosis.—This also depends upon the cause. Barring cases due to organic brain lesion, it is favorable, good.

Symptoms.—There may be spasms of any one single muscle or organ, or of several, or even of those of the whole body. The spasms may be tonic or clonic; of short or long duration; patient may be conscious or unconscious, recovery may be rapid or slow.

HOMEOPATHIC THERAPY.

Belladonna is indicated for convulsions which are *violent*, preceded and accompanied by *twitching and jerking* of the muscles and a *high temperature*. The convulsions are followed by a *long period of unconsciousness* during which the twitching and high temperature continue. The cause of the convulsion is *hyperemia of the brain*, active congestion of the brain. It occurs most frequently as a prodromal symptom of some of the infectious diseases like scarlet fever or pneumonia, occasionally from the irritation of dentition. The *staring eyes*, the *dilated pupils*, the *fixed look*, the *flushed face*, the *intense heat* from the body alternately *dry* and *moist*, are only a few of the prominent symptoms of the group. The symptoms always come on suddenly. Give five drops of the 30th every half hour. Sponge the body frequently with warm water. Keep a cool cloth on the head.

Chamomilla convulsions are *caused* by the *child nursing* his mother *after she has had a violent attack of anger*; by *partaking* of other milk or food which was *contaminated*; and by the *irritation of dentition* in a non-rachitic child. There are *several* convulsions during an attack instead of one as under Belladonna. The *child* often *regains consciousness between the convulsions* during which time he is very *fretful* and restless. The convulsive

movements are of the arms and legs, also of the facial muscles, but rarely of the muscles of the trunk as under Belladonna. The fever is seldom high. Give the 12th, 30th or 200th, according to the temperament of the child, or the cause of the convulsion.

Cina is indicated when the cause is irritation of the intestinal canal from worms. The child suffers more from a series of spasms than from a marked convulsion. *The arms and legs are thrown from side to side* or the child stretches out the feet spasmodically. The Cina convulsions are more liable to come at night. *The child is cross, has a variable appetite, an unhealthy skin, and all the symptoms of intestinal irritation.* To such patients I give one tablet of Santonine and Calomel, each one-tenth of a grain, every hour till ten tablets have been taken. Beginning the next day I give five drops of Cina 2nd or 3rd three times daily, continuing for two weeks. The diet of the Cina patient usually needs correcting.

Calcareæ carb.—It is the best remedy we have for *convulsions due to rickets*. It is not necessary to give the make-up of the patient. But if you have the history or evidence of rickets, and convulsions occurring during dentition, pneumonia or other exciting cause, Calcareæ carb. 30th will not disappoint you.

Calcareæ phos. is also useful for the *rachitic patient* but much more effective for *convulsions due to chronic hydrocephalus*, what is known as the hydrocephaloid condition. For patients suffering from the above as the predisposing cause, no matter what the exciting cause, Calcareæ phos. 30th will give not only prompt but permanent relief.

Cuprum met.—For spasmodic affections, cramps or convulsions, either tonic or clonic, sometimes both. *The attack begins with jerking and twitching of the extremi-*

ties, this is followed by *rolling* of the *eyeballs* which *finally* become *fixed* (turned upward) and *staring*. The *thumbs* are *bent into the hand with the fingers over them*. The *muscles of the calves* of the legs are *knotted*. The face is distorted, the *jaws set*, the *lips bluish* in color. There is much nausea and at times vomiting. Unconsciousness comes early. Stupor follows and is of long duration. The two conditions I have found it most useful in were caused by meningitis and hemorrhages caused by pertussis. Suppression of the eruption of the exanthemata is a frequent cause. Amelioration from warmth is the marked modality. I have used the 30th and higher.

Cuprum ars.—I have substituted the arsenide for the metallicum when the convulsions were a part of a *group of symptoms we call cholera morbus or cholera infantum*. If there is much vomiting and purging, use hot fomentations on the abdomen and inject into the rectum a large amount of hot water three parts and milk one part. Also put the patient into a tub of water having the temperature 105. I give the 12th or 30th as a rule. I have used the 6th.

Helleborus niger is one of the three great remedies for *convulsions due to suppressed eruptions* and rarely when meningitis is the cause. It saved a child for me who had 236 convulsions in 36 hours. The predisposing cause in this case was tubercular meningitis, the exciting cause was suppression of the eruption of measles. The symptoms in this case were, a constant chewing motion, automatic motion of one hand and foot, boring the head in the pillow, unconsciousness, and suppression of the urine. The temperature reached was 105.5. In this case Iodoform, one dram in an ounce of lard was used, being rubbed over the spine. Hot cloths were applied over the kidneys to induce them to functionate.

Ignatia convulsions are usually due to fright and are accompanied with frothing of the mouth and tonic spasms of single parts. The case of a six-year-old girl is reported by Dickinson.

Stramonium, however, is the *greatest remedy for convulsions due to fright*, also for convulsive movements of hydrophobia. The Stramonium child lives her frightful experience over and over in her dreams, which dreams are accompanied by cries and then followed by convulsions. I had one such case of a child who was frightened by her grandfather while he was acting Santa Claus. Her dreams and convulsions had been repeated every night for over two months. Stramonium 30th, five drops every four hours, cured her in five days.

Nux vom. (Strychnia) is the leading remedy for convulsions as it is the leading remedy for most other groups of symptoms in Americans. The causes are disturbances of the digestive and circulatory apparatuses. The Nux vom. habit is both inherited and acquired. The make-up is well known, *i.e.*, *dark, firm-fibered, excitable, ill-humored*. The convulsions vary from the lightest choreic to the most pronounced opisthotonos. The Nux patient rarely loses consciousness. The *aggravations* are from *touch*, from a *draft of cold air*, from *motion*, and from *water*, hence keep the patient quiet, covered, warm and dry; no tub baths for Nux. As I begin the treatment of the Cina patient with Santonine and Calomel, so I begin the treatment of Nux vom. with a dose of mustard and water to empty the stomach. Give one part mustard and four parts water.

All potencies of Nux from the 3rd to the 1000th have been used successfully.

Cicuta virosa is as abrupt in its invasion as is Belladonna and as violent in its action as is Nux vom. It has

cured convulsions of all forms and from many causes, *e.g.*, terrible distortion of the limbs, head turned back into shoulders, back bent as in opisthotonos, *spasms of all the muscles, face dark red, lips blue*, and bloody froth from the mouth. The patients have been *choreic, epileptiform, puerperal (uremic)*; also have been sufferers from indigestion, worms, injuries, and the use of Opium. I was called to an addict whose dose of Morphine was $2\frac{1}{2}$ grains daily. As the result of a great deal of excitement convulsions followed. I first tried Chamomilla, which I consider the best remedy for convulsions due to Morphine, without avail. I then tried Cicuta 3rd, ten drops every fifteen minutes. The convulsions ceased after the eighth dose, and she became normal for her after twelve hours.

Zinc. phos.—Phosphorus and Aurum mur. are the three best remedies for convulsions caused and followed by degenerative processes of the brain and cord. It is upon the exhausted brain whether of business men, students, debauchees, or the victims of epilepsy and its maltreatment that Zinc. phos. acts best. A rachitic child six years of age had had epileptic attacks since she began teething at ten months of age. The attacks began as petit mal but soon developed into grand mal. She had been dosed with various compounds of bromides which only partially controlled the epileptic seizures. The mentality was that of a three-year-old child. Her physical development was that of a four-year-old. Remembering the case reported in my "Text Book of Materia Medica," I began with Zinc. phos. 6th., five tablets three times daily. After six weeks I went to the 3rd. After six months I gave a dose of the 30th once a week for a few months. The convulsions ceased at the end of three months. Improvement of mind and body began about the seventh month

and continued. However, she never made up what she lost during the four years of maltreatment, still being a little below the average of her family.

Veratrum vir., with Arsenicum and Apis, forms the trio for uremic convulsions following the exanthemata. It is the stock prescription of the eclectics for this condition. They use it empirically. My friend, William Boericke, writes: "Twitchings and convulsions," also "convulsive twitching of the extremities." My student, A. E. Hinsdale, wrote: "Clinically, it is known that such diseases as Tiegel's contracture, Thomsen's disease, ethetosis and pseudo-hypertrophic muscular paralysis present a symptomatology quite like that produced by Veratrum vir. upon the muscular tissue." I first noticed its effect in a case of uremic convulsions in which arsenicum in low potencies had failed though it was apparently indicated. An eclectic was called in and gave a dram of a solution of one minim of Norwood's tincture in four ounces of water. One dram of the solution was given every thirty minutes for three doses, then every hour. The child made a rapid recovery.

Arsenicum alb. is also called for in cases of uremic convulsion. The group of symptoms is nearly the same as that found under both Apis and Veratrum vir. Arsenicum alb. differs from Apis in that the Arsenicum patient is always *very restless and has an intense thirst*, while the Apis patient is *apathetic and has no thirst*.

Auxiliary Treatment.—Elimination is the keynote for the auxiliary treatment of these cases. Empty the stomach and intestines as suggested above. In the uremic cases promote the functioning of the kidneys and also of the skin. This can be done by hot applications over the region of the kidneys and by hot packs for the purpose of producing perspiration. The diet of such patients

should also receive careful attention, especially those children suffering from rickets and the diatheses. Proper ventilation of the sleeping room, as well as proper exercise for the older children, should also be supervised.

For further information see Singultus.

LARYNGO-SPASM.

Synonyms.—Laryngismus stridulus, Crowing of children, Spasmus glottidis, False croup, "Inward spasms."

Definition.—Spasm of the larynx.

Etiology.—Fright; irritation; excitement; reflex from the stomach. It may also be a symptom of diphtheria or membranous croup. Heredity seems to play its part in a small per cent. of cases.

Pathology.—In the diphtheritic and croupous cases, are the changes found in those diseases. In the others there are no structural changes.

Diagnosis.—The *history* of excessive hyperirritability, of absence of epilepsy, of diphtheria or croup, of biting of the tongue, of foaming at the mouth, are absent or extremely rare. It is occasionally mistaken for tetany and symptoms of an enlarged thymus gland.

Prognosis.—If a symptom of diphtheria or membranous laryngitis, the prognosis is unfavorable; if from the other causes it is favorable.

Symptoms.—Inability to breathe; "child sucks in his breath; fights for air; becomes blue; then coughs and crows or whoops as if he had the croup or whooping cough."

After the attack, if it is severe, there is relaxation of the entire system and general prostration. In some cases severe disturbances of the heart, rapid, irregular pulsating. In a small per cent. of cases the eyes are fixed for a few minutes after an attack.

HOMEOPATHIC THERAPY.

The halogen group, *Bromine*, *Chlorine* and *Iodine*, has been employed in a large per cent. of my cases.

Bromine.—The make-up is blond, scrofulous, *i.e.*, enlarged glands, especially the parotid and thyroid, which rarely suppurate. *Spasmodic constriction* is severe, generally *preceded by cough*, made worse by every attempt to swallow; *inspiration is much more difficult than expiration*; every attempt at inspiration provokes the cough. Cold sensation of the entire body when inspiring.

I have found the above symptoms complicating whooping cough when there were, in addition, tickling and burning behind the sternum, also a little wheezing in the bronchial tubes. I have found benefit from it in the laryngismus of diphtheria and in a few cases of asthma. I have generally used the 3rd in five drop doses repeated often.

Iodine.—The Iodine patient is also glandular. Not light, but *dark, dark eyes, dark hair, dark and dry skin* (Bromine and Calcarea carb. usually moist).

Laryngismus is almost always an accompaniment of meningitis when Iodine has been successful. Fever always is present; in this respect the opposite of Bromine or Kali bich. There is much *pain and sensitiveness to touch*. The 6th is the best potency. Do not repeat too often.

Chlorine.—This remedy causes and cures *spasms* of the *glottis, epiglottis* and *trachea*, which are simply and solely *due to irritation*. The attacks of dyspnea come on suddenly from spasms of the vocal cords. The symptoms are *wild, staring, protruding eyes, blueness of the face*, especially of the *lips*, a *rapid, weak pulse* and *cold sweat*.

The *difficulty* with the Chlorine patient *is in expiration*;

he can inspire easily enough, but cannot get the air out. Use the 6th and repeat often between the paroxysms.

Ignatia.—I have used Ignatia when the *laryngismus* was one of the *leading symptoms of a hysteria group*. Gave it in the 30th every half hour. For further particulars see Ignatia under hiccough.

Apis has been used for spasmodic dyspnea in cases of neurotic edema. See under that section.

Cuprum.—Spasm of the glottis, breathing suspended till patient becomes blue in the face, with thumbs clinched in the palm of the hand and the fingers over them. I have found these three symptoms in simple laryngismus stridulus; also in whooping cough, in which case there is always vomiting of mucus as the contractions cease; again, in two cases when the spasms came at intervals, for two days before the menses. The modalities in all three classes are relief from a drink of cold water and wrapping the patients up so as to start the perspiration.

Use the 3rd, or the 6th during the attacks, but the 30th during the interval between them. Used between the menses the 30th cured a case of five years standing.

The above remedies are for the attacks, *i.e.*, the nervous phenomena. For constitutional remedies Calcarea, Phosphorus, Lycopodium should be administered.

Auxiliary Treatment.—That given for spasm of the diaphragm—hiccough—should be given.

SCIATICA.

Synonym.—Sciatic neuralgia.

Definition.—Irritation of the sciatic nerve and its branches, most often those branches distributed to the skin.

Etiology.—More often in males than females. Age also plays a part. $3\frac{1}{2}$ per cent. under 20 years of age. 55 per cent. between 20 and 50.

Debility, anemia, and premature decay of the vital powers are predisposing causes. Exposure to cold and damp, violent muscular exertion, pressure on the nerve from prolonged sitting on hard chairs, enlarged prostate gland, syphilis, etc., are among the causes liable to produce the disease.

Diagnosis.—The diagnosis presents no points of difficulty.

Prognosis.—This depends upon the age and general condition of the patient. The majority of cases are curable in two or three months. The most intractable cases are those which occur after middle life in persons affected with anemia and debility, or on whom depressing influences have been long at work.

Symptomatology.—The pains generally commence about the sciatic notch and extend from it down the thigh and along the bunches of the nerve. The sensations are darting, shooting, burning, cutting, twitching. The pains cause twitching, cramping and contraction of the muscles. In some cases the pains come with marked regularity of intervals; in others there is no regularity. We have nearly all the modalities differing not only in different individuals but often in the same individuals at different times.

HOMEOPATHIC THERAPY.

“**Arsenicum** is indicated if the affection can be traced to *malarial* poisoning; that is, if the patient has been subject to repeated attacks of intermittent fever and the pain is intermittent. Its indications are: *Violent*, drawing, *burning*, tearing pain in left hip; severe pain extending along the great sciatic nerve, *worse at night*; *burning* pain in thigh, attended with *great restlessness*, *relieved by warm applications*.” *

* Dickinson's Practice, page 380.

Professor Dickinson began the practice of homeopathy in Des Moines in the sixties. Breaking up the prairies caused a good deal of malaria and intermittent fever.

I began practice with him in Des Moines in 1883. At that time there was still much malaria. Such cases are rare today.

Colocynth.—For the frequency of its indication and the promptness of its action, I place Colocynth at the head of the remedies for this condition. With three students I proved Colocynth on myself. I began with the 1st and afterwards took three drops of tincture. It produced on me and also on the students the sensations which follow: The modalities especially that “better from heat” was very marked on myself and two of the students; but heat did not affect the pain of the third student. The sensations are as follows: Dull, *stitching* pain in the *left hip* (this was true of all four of us, yet Dickinson says the right hip); the pains come *suddenly and shoot down the posterior part of the thigh to the knee*, occasionally past the knee to the foot. They usually began in the morning and often were better and sometimes entirely *disappeared at night after getting warm in bed*. There were sometimes *sticking, drawing pains*, rarely burning. There was a good deal of *cramping* in the calves of the left leg, occasionally the right. One of the students reported the sensation as if a *sharp knife* were drawn from the hip, *cutting* through to the bone and extending to the knee. The greatest relief was from heat. The most marked *aggravation* was from *motion and touch*.

I have used all potencies from the 3rd to the 1000th.

“**Rhus tox.** is adapted to cases *brought on by exposure to cold and wet, or from muscular exertion*. Numbness and paralytic feeling are generally present. The pain is *worse during rest*—frequent paroxysms of cramp in the

muscles of the leg; *soreness* of the muscles of the thigh; dull, aching pain in the right leg, *worse at night* and in cold *damp weather*; numbness and formication in right thigh." *

The other symptoms, especially the modalities of the Rhus symptoms, are too well known to need repeating. Use all potencies from 3rd to 1000th.

Ruta resembles Rhus in the cause of the condition, *viz., damp, wet weather and over-exertion, strain*; also as to the modalities. There is also *more weakness* than under Rhus. The pains of Ruta seem to go deeper than those of Rhus when the pains follow the branches of the nerve, inwardly rather than outwardly, to the periosteum rather than to the skin. I use Ruta instead of Rhus. I most frequently use the 3rd, four times daily, five drops in water, also apply a lotion of the tincture, one part to ten of water as hot as the patient will bear. Apply with a cloth and keep hot with an electric pad or hot water bottle.

Gnaphalium.—Professor Allen presented the following case to our class in 1881: A firm-built working man of 47. Nothing important in family history. Had been subject to "rheumatism" for over 10 years. He had "*intense*" *pain in the anterior crural nerve, alternating with sharp, sticking pains in calf of left leg and feet*; worse in toes; the above pains were followed by *numbness* and *tingling*. There were also pains and soreness in the sciatic nerve proper, from hip to thigh. I remember with what assurance Allen said, "Give him Gnaphalium 3rd every three hours till he is cured and that will not be long."

I have met nine or ten such cases since and the remedy never failed.

* Dickinson's Practice, page 381.

Auxiliary Treatment.—REST.

For some patients, *heat* is not only our best palliative but often cures; upon others, cold acts much better than heat. My experience teaches that heat is the better when the inflammation is high, and cold when it is low. The aluminum bottle greatly facilitates our application of either heat or cold, as either boiling hot or ice cold water does not injure them.

Galvanism may be used to advantage in some cases. It should not be used during the acute inflammatory stage. Put the positive pole of a large flat electrode over the sciatic notch or foramen and the negative over the lumbar plexus. For some patients the gentle, smooth, uninterrupted current seems best; and yet I have seen marked improvement in several instances from the use of a vibrator over the posterior part of the thigh from hip to knee. *Wrapping the entire leg with flannel* has been of great help to some. Sand bags may serve two purposes: 1st, keep the leg quiet; 2nd, keep it warm by heating the sand.

SINGULTUS.

Synonyms.—Hiccough. Tetany of children.

Definition.—Spasm of the diaphragm. It is a clonic spasm; is a common and usually is a trivial affair which is easily controlled. On the other hand, in a small per cent. of cases it is a very serious condition, very obstinate in yielding to treatment and in a few cases fatal.

Etiology.—Abnormal functioning of stomach and intestines. The liver and sexual organs may be involved, but rarely the cause. It may be hysterical in its nature. In recent cases it has been an accompaniment of flu. It is also found in peritonitis, nephritis (uremia) and the last stage of certain incurable diseases.

Pathology.—Simple, ordinary hiccough has no structural changes, only irritation. The other forms present

the same changes as the diseases which cause the condition show, *e.g.*, rickets, the pathology of rickets, etc.

Prognosis.—Favorable for the simple form; should be guarded for most of the cases of the other forms; and unfavorable, bad, for such condition as acute peritonitis or in cases of typhoid fever.

Symptoms.—The clonic spasms of the diaphragm may or may not be accompanied by pain. In most cases the symptoms are distressing to both patients and friends. They are both subjective and objective.

HOMEOPATHIC THERAPY.

Nux vom.—Spasms (twitchings, jerking, cramping) are written in bold black letters all through the pathogenesis of Nux. They have been obtained from toxicological, physiological and dynamic doses and preparations.

More than that these symptoms have been verified by experience when given in the tincture, the 3rd and the 1000th.

Ratanhia.—*Violent hiccough* is found in the provings and the symptom has been verified many times. I consider it complementary to Cina. The make-up is nearly that of Cina, *i.e.*, the child is *thin, scrawny, irritable, dark skin*, and like Cina is tormented by pin worms. He suffers from constipation and the stools are often covered with blood due to *fissures* of the anus. Dr. A. M. Linn brought a patient, a five-year-old boy, with the above symptoms and said: "I have given this boy Cina, high and low, have used Graphites ointment for the fissures, and regulated his diet the best I could. He has a variable appetite and will not follow directions as to diet. Now, what have you to suggest?" The hiccoughs came soon after eating, especially if he had gone a long time without food. The attacks were preceded by gas in both stomach and abdomen, the latter of which was always badly dis-

tended. The convulsions were severe, often causing vomiting of his meal. The only thing which afforded any relief was to drink about a pint of salt water as hot as it could be taken without burning.

Ratanhia 6th, five drops in a tea cup of hot water, ten minutes before his three meals and at bed time cleared up the case in four months. The symptoms disappeared as follows: Hiccough, constipation, parasites, fissures.

The remedy has cured only two other cases for me, however.

Cina given in the 3rd, 6th or 30th has relieved more patients than any other remedies except Nux vom. The indications are the same as those given under Ratanhia, except the fissures.

Ignatia.—The *make-up* is the most determinative symptom—your *neurotic, silent, sad, sighing, sobbing* child or woman. The next in rank is the cause—*grief, shock, disappointment*. These act indirectly through the nerves of the abdominal and pelvic organs. The *spasms* seem to be a *mixture of eructations, hacking cough* and sigh. The eructations are usually empty, rarely food; the *cough* is that everlasting “*hack, hack-ety-hack*” variety; then as if in despair a long deep sigh; an intermission, then the spasm, the belching and the cough are repeated.

The modalities are characteristic of the drug, *viz.*, the unexpected, the contradictory, *i.e.*, the spasms; is aggravated by eating but the empty retching is ameliorated by eating. Tobacco smoke seems to aggravate even those who are accustomed to smoking. A young woman, one of our 400, came to me saying that she was desperate. She could not inhale more than four or five breaths of tobacco smoke before she began to suffer from violent attacks of hiccough which continued for some time after she got away from the smoke. The *desperate* thing about

it was that her "best man" and most of her society chums smoked.

Ignatia 30th, three doses daily for two weeks, completely controlled the condition.

These four remedies have been sufficient for the purely nervous forms of singultus. But when the hiccough is a symptom of peritonitis, typhoid fever, or some other profound pathological condition, such remedies as Arsenicum alb., Lachesis, Carbo veg., Magnesia phos., Lycopodium, Strychnia phos., Tabacum or Zinc phos. should be used. In such cases the leading symptom of the condition and not the hiccough should determine the choice of the remedy in each individual case.

Auxiliary Treatment.—Regulation of the diet is of first importance and at the same time most difficult, *e.g.*, we are sometimes obliged to wean the babe from the mother's milk and substitute cow's milk or prepared milks—Borden's, Horlick's, etc. Again we are obliged to secure a wet nurse because other than human milk will not agree. A ten-month-old babe with a tubercular mother, who had been brought up on prepared milk, suffered from a severe attack of cholera infantum. After a few days she began to hiccough and became so reduced that a consultation of physicians pronounced her moribund. A young woman whose three-day-old babe had been adopted came to the child's home and nursed the babe back to life. Carbo veg. 30th was also given, five drops ten minutes before nursing.

Cod liver oil has helped cure other patients, chronic cases.

Lime in the food or drink has helped. The present "lime" craze will be helpful if not carried to excess as such fads usually are.

All hygienic measures, air, sunlight, electricity, may be required, especially for the rachitic patients.

SPECIFIC NEURALGIAS.

According to some writers there are only three specific neuralgias, *viz.*, tic douloureux, brachial, and sciatica. Other writers add several to the above, like pleurodynia, prosopalgia, etc. Still others include gastralgia, nephralgia, etc. A few authorities make divisions according to the nerve involved, *e.g.*, the fifth or third.

In addition to encephalalgia we will study those of the first division.

TIC DOULOUREUX.

Synonyms.—Trifacial neuralgia, Fothergill's neuralgia, Epileptiform neuralgia.

Definition.—Irritation of the fifth nerve, causing violent pains in any or all its branches, sensory disturbances in the skin of the affected areas and in some cases reflex contractures in the facial territory. Brissaud says: "Tic is a physiological act, functional and purposeful in character, which has become a habit, purposeless and meaningless in its execution."

Etiology.—Age seems to be a predisposing cause. A large majority of cases occur during the declining period of life, the degenerating period. Exposure, worry, overwork, errors in diet, and excesses of all kinds are the exciting causes.

Pathology.—Nothing definite. Autopsies on patients whose condition before death had been diagnosed tic have shown varied and important changes of nerve and other brain tissues, but whether these changes were the result of the tic or some other similar complicating disease has not yet been demonstrated. When we recall Brissaud's definition, we readily see why this is inevitable. Dana states that an inflammation obliterating the arteries supplying the nerves causes first, an irritation, then an inflammation, and finally a degeneration of those nerves.

Diagnosis.—In the great majority of cases the diagnosis is quite easy; in the remaining small minority it is equally difficult. In some of these latter cases a careful taking of the case, especially the clinical history, is necessary. The injection of a four per cent. solution of cocaine into the sheath or about the branches of the affected nerve will determine whether from the deep, or superficial, tissue. If from the latter, the pain will be relieved by the cocaine. Bartlett claims to have known the lightning pains of ataxia to be limited to the trigeminus and that the characteristic tabetic symptoms will differentiate.

Prognosis.—As to a permanent cure, is unfavorable. I have known some patients cured by our homeopathic remedies, also by a surgical operation, and some by both therapy and surgery. By cured is meant that there was no return of the attacks during the life of the patient. Of some patients it seemed that the interval between the paroxysms was lengthened and the pain lessened. However, both length of interval between and severity of pain varies so in different individuals and even in the same individual, that I am still undecided as to these results.

Of one thing I am sure, that as between our remedies and surgery without the remedies, the former have been more effectual. Professor Gilchrist, the surgeon with whom I served for more than twenty years, claimed that both used together secured better results than either alone. He was a good prescriber as well as operator.

Symptomatology.—*Pain* is the ranking symptom, the variety and intensity of which are only limited by the patient's vocabulary, *e.g.*, *awful, burning, cutting, digging, excruciating, numbing, sharp, sticking, terrible, unendurable*, are a few.

The time of the attacks and the intervals between vary as much as do the symptoms: "Always at night, or in

the morning, or noon; irregular as to time and regular—some with marked periodicity, *e.g.*, every day at 11 A. M., every week, every Saturday, at long intervals, etc.”

The pains cause outcries, produce spasms of the muscles of the face, also twisting the head to one side, etc. At first, only one of the branches of the nerve is affected, but in old, long continued cases all three may be affected.

Modalities.—These also include the entire category. Some say the least touch not only aggravates but brings on an attack; others say the only thing which helps is hard pressure or rubbing; some claim that hot water brings the only relief; another called for ice while being examined at the clinic, and, wrapping a chunk in her handkerchief, put it to her face, moving it over the entire cheek. The convulsive movements ceased at once and she said the pains did. We have flushed face, red and swollen eyelids, a skin made smooth and shiny by constant friction (rubbing), profuse saliva, coryza and other objective symptoms. In a few cases atrophy is present.

HOMEOPATHIC THERAPY.

It should be kept in mind that old age, the age of degeneration, is an etiological factor of tic—that we must deal with nerve degeneration in a large majority of cases. Doing so will at once suggest that Phosphorus and Arsenicum and their compounds are the great remedies for the degenerative process of not only nerve but other tissues.

Furthermore, we should firmly fix in our mind the fact that in only a small minority of cases of tissue degeneration is any remedy able to wholly restore that tissue to its original, normal condition. That the most we can expect from our treatment is to prevent or relieve suffering and

prolong life. The remedies which have most frequently and effectively accomplished these two results, in our experience, are the following, given in order of their having secured the most frequent and best results.

Belladonna is indicated when the *attacks come on very suddenly, leave as suddenly, and are extremely violent*. *Congestion and heat, also redness of the parts* are next in rank in this group. *Noise, light, and concussion, also currents of air* are the marked aggravations; while cold and hard pressure give relief.

Twitching of the muscles is nearly as marked as under *Agaricus*. Results have been obtained in potencies from the 3rd to the 10th.

Magnesia phos.—The make-up of the patients is tall, slender, thin, emaciated, dark, with a highly neurotic temperament.

The location is in the fibre cells or terminal bulbs, or both, of the nerves.

The sensations are *intermittent, lightning-like, spasmodic, sharp, boring, pinching, nipping, cramping*.

The modalities are *better from warmth and pressure*; heat should be applied; *touch* and cold, *i.e.*, being in a cold room, as well as applied *cold, aggravate*. In one case, touching the face, especially about the right eye, with a silk handkerchief, caused marked twitching of the muscles and most "excruciating" pain; dipping the handkerchief into water with a temperature of 110 and pressing it over the same surface, checked both the pain and the contraction of muscles. This patient stated that her attacks were more frequent at night than during the daytime. There was a great deal of soreness over the entire right side of the face all the time with what she called the "spells," whenever touched or from moving the jaws. She was put to bed, given five tablets of the 3rd in a half

pint of hot water every three hours and hot moist heat applied to the face. Her diet was hot milk, two quarts daily. A week of the above treatment wrought great improvement. The potency then was changed to the 6th and custards and soft poached eggs added to the diet list. She sat up a good deal during the second week and was dismissed as improved at the end of the third week. She was kept under observation for over three years. The attacks recurred less and less frequently. The soreness never returned. When an attack recurred she went to bed and applied hot cloths. She also took the Magnesia phos., 3rd, every hour at the beginning of each attack.

Arsenicum alb.—This ranks next to Magnesia phos. It has *more burning* than the former but far *less cramping* and drawing of muscles. The modalities for the two are the same. For the complete Arsenicum group, see under multiple neuritis.

Cuprum ars., like both Arsenicum alb. and Magnesia phos. is *better from heat and worse from cold*. *Pressure, however, aggravates* all symptoms. It has *marked periodicity*, generally at night. It has much more cramping than Arsenicum alb. In one case it relieved the pains, but the patient lived only two years, dying from general asthenia.

Cedron.—*Periodicity* is the ranking symptom of this drug. The second in rank is the sensation as if the *eye ball were being pushed out of the head*. The third is the cause, *viz., malarial poison*.

Case.—Mrs. H. C., widow, aged 63, delicate, weakly, went down south as a missionary teacher in one of our colleges. Here she had a severe “run of malarial fever” treated with quinine and whisky. The chills and fever were controlled but left her with a severe orbital neuralgia. There was constant tenderness about the left eye

and a feeling as if the eye "would bulge out of the head." These two symptoms became very much worse between 9 to 9.30 every A. M.; and "drove her frantic every third day," at the same hour. She had returned to Iowa and went to her homeopathic physician who gave *Natrum mur.*, the 30th, also the 1000th, without benefit. He then tried *Chininum sulph.* 1000th with no better result and sent her to me. Examination showed marked anemia, a poor appetite, constipation, and insomnia. The only modality was the time of day. *Cedron* 30th, five disks, every three hours, and a good nourishing diet brought her back to the health she enjoyed before she contracted the malarial fever in a little over four months.

Natrum mur.—A dental student who roomed with a medical was relieved of a severe case of orbital tic after *China* and *Cedron* given by his room-mate had failed. The *regularity of the pain, 9 A. M.*, and the feeling as if the *eye ball would press out* were two of the ranking symptoms. The other two of the group were *hard, dry, crumbly stools* and a *dry skin*. There was a return five years later when he sent for some more of the "same medicine," which again gave prompt relief.

Agaricus mus.—*Twitching* of the eyelid. This remedy has been used successfully for neuralgia both as a palliative and curative. I have found it most effective for tic or other forms of facial neuralgia. The pains are *teasing, lancinating*, also *sharp*, and always *severe*. The paroxysms are *excited by the least touch*, always accompanied by twitching of the muscles and are invariably *followed by a stiffness and coldness* of the tissues in which twitching occurs. For palliative purposes, use the first or even *Agaricin* one-tenth grain. For curative purposes, the 30th to the 1000th.*

* Royal's Practice, page 322.

CHAPTER II.

THE ITISES

MENINGITIS.

Definition.—Inflammation of the meninges of the brain and cord.

Meningitis was formerly divided into two classes, according to the portion of the membrane affected, *viz.*, pachymeningitis and leptomeningitis. The first was then subdivided into internal and external.

Internal pachymeningitis means hemorrhage, occurring at different periods, which becomes organized, forming connective tissue, which tissue is found studded with new hemorrhagic points.

External pachymeningitis, inflammation of the dura mater, follows or complicates disease of the skull bones.

Leptomeningitis means inflammation of the pia mater and arachnoid. The early writers gave four forms, *viz.*, acute febrile, purulent, tubercular, and syphilitic. Later authorities have added cerebro-spinal, metastatic and secondary.

ACUTE FEBRILE MENINGITIS.

This term is generally used synonymously for “meningitis” by both the laity and most of the profession. It is also called “brain-fever,” an inflammation of the pia mater not caused by the specific bacillus of syphilis, tuberculosis, etc.

Etiology.—It is caused by an infection from some disease located in some other part of the body. The infection may be direct from some nearby focus or through the blood stream. The nearby foci may be the nose, pharynx, ear, or eye. Any of the acute infectious

diseases may send their bacilli through the blood stream. Those most frequently met by us are caused by the diseases of childhood, *viz.*, measles, chicken pox, scarlet fever, and occasionally diphtheria.

Pathology.—The inflammation may be local or diffuse, according to the cause. The membrane is injected, thickened, opaque. The subarachnoid fluid is increased, sometimes greatly so. In some cases the pia mater is covered with a layer of pus.

Diagnosis.—This was and still is very difficult. Years ago if there were high temperature, headache, vomiting and delirium at the time an endemic or epidemic disease was prevalent, we felt quite sure of our diagnosis. At present, examination of the spinal fluid makes the diagnosis clearer but in a few cases this has failed. It is always best to examine the fluid, however, for the purpose of differentiating this from the three specific forms or from each other.

Prognosis.—This is always grave, unfavorable, yet some cases do recover.

Symptomatology.—The suddenness of the attack, also the violence and rapidity of the appearance of the fever, headache, delirium, convulsions, drowsiness, paralysis, and coma, are the main symptoms. The fever may reach 103 plus in a few hours. The headache is in paroxysms; vomiting may be profuse or not, may occur only once or in repeated attacks, comes without much or any nausea. The delirium usually comes early and varies in type. The paralysis depends upon the location and severity of the inflammation. All special senses are aggravated at first but may be lost later. The face may be flushed or pale; the pupils may be contracted or dilated. The head is usually hot and the extremities cold and either dry or moist, usually moist.

HOMEOPATHIC THERAPY.*

Aconite.—At the very beginning of the first stage. We have been called in a few cases before the aconite stage had passed, but in only a few. The indications are: *A severe shaking chill of short duration, followed by a very rapid rise of temperature with dry skin; great restlessness; and if the patient is old enough, also great anxiety—often fear of dying; a rapid, wiry pulse.*

Give ten drops of the 3rd in a dram of water every fifteen minutes until the patient's skin begins to moisten and then give no more. We have never known the resumption of Aconite to do good in these cases. When improvement ceases, some other remedy must be given.

Auxiliary treatment for Aconite should consist in giving the patient a liberal amount of hot water to drink and the application of heat to the entire body. This hastens perspiration.

Belladonna.—This is the remedy I have found indicated and beneficial, in the majority of cases, on my first visit to the patient.

The chill is not as severe as that of Aconite, but the temperature rises as rapidly and goes even higher than that of Aconite. *The skin is hot but alternately moist and dry; the pulse is as rapid, but full and bounding instead of small, wiry; the face is always flushed, never pale; the pupils are always widely dilated. The delirium is violent; fights to escape some imaginary object; the mind is usually cloudy, never worries about death. Convulsions are frequent and violent and usually followed by a long period of unconsciousness; no convulsions under Aconite. Belladonna is often sufficient to control the condition without other remedy, but Aconite rarely is.*

* Also see report of case in my practice, page 309.

We nearly always begin with the 30th, five drops every two hours.

Auxiliary Treatment.—Heat to the feet and frequent sponging with tepid water.

Bryonia follows Belladonna well but should never be given at the same time. The Belladonna has reduced the fever, slowed down the pulse, and taken the keen edge off the nerves of special sense, but a little exudate has been thrown out; the *pains* have become settled *in the occiput*; the *muscles* of the neck and back have become *sore, stiff* and the pain is *aggravated by any motion*; the bright, red *face* has become *dark red*, sometimes becoming pale for a few seconds; the patient grinds his teeth; utters a sudden cry; is *thirsty*; stupor is just showing itself. In addition to the above, Bryonia will be all the more indicated if the patient has a rheumatic history or if there are complications of cerebritis or erysipelas. I had a case in which the meningitis followed a severe operation on the nose. Erysipelas set in about 16 hours after the operation, spreading rapidly up over the forehead into the hair. Thirty-six hours afterwards he presented most of the symptoms enumerated above for Belladonna. He had no convulsions, though the temperature was 105.5, and there was marked aching of muscles. The delirium was violent. Belladonna 6th was given, five drops every fifteen minutes for ten doses, then every thirty minutes for six doses, after which every hour for twenty-four hours. Belladonna was then omitted and Bryonia 3rd given in five drop doses every two hours for twenty-four hours, then every three hours for thirty-six hours. All symptoms of meningitis disappeared before the wound of the nose was healed.

Auxiliary Treatment.—Absolute rest in bed; hot applications to the spine; a bland liquid diet; bowels and

kidneys active. Follow the above directions until the temperature, pulse, and other functions are normal. By other functions is meant pain; tenderness of the spine; and all signs of anesthesia and hyperesthesia.

MULTIPLE NEURITIS, POLYNEURITIS.

Definition.—An inflammation of the nervous system.

Etiology.—There are two classes of causes—the endogenous and the exogenous; the latter including traumatism. It rarely affects children or youth. The exception being those cases caused by diphtheria and scarlet fever, which diseases usually affect children more than adults. There are many causes for each class, some of which are easy to detect and remove, while others are harder to detect, and still others which cannot be detected. To those cases whose cause we cannot determine, we give the name idiopathic neuritis.

Among the many causes may be exposure, especially that resulting from various injuries such as fractures, electric shocks, etc.; poisons of all kinds, microbic, auto-genetic, those resulting from infectious diseases, also from such diseases as rheumatism and diabetes; the cachexias, especially tuberculosis; anemia, arterio-sclerosis, etc.

Pathology.—We find two conditions corresponding to our two divisions; the first is called interstitial, the second, parenchymatous neuritis. In the former the inflammation is usually confined to the sheath of the nerve or it may go deeper and, in addition to the inflammation, there will be an accumulation of lymphoid substance between the nerve bundles. At first, the nerves are red in color and swollen, but later the myelin may become fragmented, the nuclei in the sheath of Schwann may increase in number, the nuclei of internodal cells become swollen,

and the interior nerve-fibers undergo granular degeneration. In the parenchymatous form, the nerve-fibers are primarily and principally involved and present the same changes as described in the latter stages of the interstitial variety.

Symptoms.—In *local* neuritis, the symptoms will depend upon whether the nerve be one of sensation or motion. There will be pain along the nerve involved if the nerve be one of sensation. The pain may be *shooting, boring, lightning-like*, and there will be *tenderness*. *The skin symptoms may be: over-sensitiveness; redness; edema: usually moist, rarely dry.* Any or all of the modalities may be present.

If the motor nerves are the ones chiefly affected, we may have more or less loss of motion, sometimes paralysis, and, in some cases, atrophy, showing degeneration. As both motor and sensory nerves may be involved, we may have any or all of the symptoms of both groups. It is seldom we have any marked constitutional symptoms in this form.

Multiple neuritis has a long list of symptoms varying according to the etiology, and found in every section. We may have delirium or unusual mental acumen; nausea, vomiting, gastritis, gastralgia; sensations such as twitching, trembling, numbness, followed by loss of sensation, weakness, and paralysis. There may be edema, also fatty deposits; a rapid, weak heart is frequent. Ataxia and all the symptoms of tabes may be present at times giving us the variety named “pseudo-tabetic.”

To the homeopathist, the *mental symptoms are the ranking symptoms*. There may be slight loss of memory, mild hallucinations or illusions; or there may be symptoms showing mental deterioration. We should also bear in mind that there is an apparent recurring type, *e.g.*, the

neuritis of diabetes disappears and then reappears as the patient's glucosuria and other symptoms come and go. The same may be true of neuritis from different causes.

Diagnosis.—As a rule, this is not difficult. It may be mistaken for acute anterior poliomyelitis or acute ascending paralysis in their early stages; but there will be no difficulty if we remember that multiple neuritis is a progressive disease and that the pains, if any, in poliomyelitis are due to general hyperesthesia and are not confined to the course of nerve trunks. Multiple neuritis differs from ascending paralysis in that in the former there are no sensory symptoms, muscular atrophy, or electric changes. The order in which the paralysis progresses also differs.

Prognosis is favorable as to life. Some forms of paralyzes, however, are of long duration and a few never completely recover.

HOMEOPATHIC THERAPY.

The first thing to *bear in mind* is our *location*, viz., nerves.

The second is the *cause*. When the cause is traumatism, *Hypericum* or *Arnica* should be given according to the symptoms found under cephalalgia.

Rhus tox. is a third remedy for traumatism, or pseudo-traumatism, i.e., overexertion, strain; also exposure to cold or wet.

Case I.—We take the following from our records as a sample of many. Mr. J. G., aged 49, a farmer, married, *dark, firm built, muscular*, with good family and personal history gave the following:

"For three years I have had *severe pain* and *stiffness* in and around my *joints and back*, especially my back, which nearly floors me *when I try to get up after having been sitting for some time.*" Questioning brought the fact

that three years before he was shocking oats and, as a rain storm was coming on, he hurried, thereby becoming very warm and sweaty. The storm came before he could get under cover and he was drenched. On arriving home he took a hot bath and put on dry clothing. The next day he was a little "stiff and sore," but worked. About two weeks later, as another rain storm was approaching, he had severe pains in the back, shoulders and arms. These had been growing worse ever since. He had had "plasters" over the back for what his doctor called "lumbago" but never was helped by them or by anything else. He had been to Hot Springs, Arkansas, and "been boiled" and "rubbed with grease." He stated with much positiveness that he was *worse in damp weather* and after either lying or sitting for any length of time. At times when the "night had been wet" his back was so he could not turn over without his wife's help. The case was so clear that he was given one dose of Rhus tox. 1000th and an ounce vial of disks, saturated with alcohol. This was in August. Improvement began in a few days and continued. He reported the middle of October after our usual rainy season: "I never felt the pain at all." Two years later, while coming to town, he was again drenched by rain, and some six weeks after that came to the office with, "My old trouble is as bad as ever." He received the same treatment but to our surprise he returned after three weeks with: "You did not give me the same medicine. This has done no good." He was given another dose and asked to report in ten days. The report was the same. He then received Rhus in the 30th, five drops *t.i.d.*

He began to improve in a few days and has had no return since.*

* This was in 1905.

Case II.—A man, aged 43, presenting similar symptoms to those of Case I, except that he traced his condition to a severe case of smallpox was cured by Rhus 30th, five drops *t.i.d.* The Rhus was continued at intervals for six weeks.

When alcohol is the cause, the two remedies which have given the best results are Nux vom. and Actea rac.

Nux vom.—The *stomach symptoms are the ranking* ones for this condition. *Distress* is the word most frequently used and the modifying words are *awful; fierce; terrible; excruciating; killing*, etc., etc. We also have *cutting, griping, scraping, colicky, knotted up*, etc. *Heavy like a stone or chunk of lead; nausea; vomiting* of sour undigested food; eructations sour and bitter; and finally all sorts of perverted desires and aversions. The modalities are worse from eating and in the morning, especially if the sleep has been broken. In addition we have the gastric *encephalalgia*, whose symptoms are given under that section, and the *alternating diarrhea and constipation* of the drug. In fact there are neuralgic pains in nearly every tissue and organ of the body. One old toper presented himself at our clinic with, "I want to be cured of spasms of my jaws. I have terrible pains in them and for a long time after *washing in cold water in the morning* they snap together like a steel trap." Nux 30th relieved him of this condition and ameliorated many other symptoms like those given above, as they will when the cause is too much whiskey and tobacco. In fact, one of his chums came to the clinic for some of the "same dope," stating that his friend could drink more and suffer less if he took the medicine before each meal and after each drink. Nux acts in potencies from the 3rd to 1000th.

Actea rac.—As to alcohol, *Actea* differs from *Nux* in that the *Actea* symptoms are all made worse from alcohol while the *Nux* are caused by its use. Another difference is that the great majority of *Nux* patients are men while the great majority of *Actea* patients are women. In the neuritic patients *Nux* affects the stomach most while *Actea* affects the generative organs most. As to make-up, *Nux* is scrawny and lean, while *Actea* is plump (muscles well developed) and fat. The *Nux* patient is cross, irritable, taciturn; the *Actea* is depressed but talkative, often delirious. *Actea* is much better than *Nux* for delirium tremors. The pains of *Actea* are more spasmodic, shock-like, than those of *Nux*. The *Actea* aggravations are just before the menses and by alcohol, better from warmth and eating. *Nux* is worse in the morning and after eating.

Pelvic Organs.—The pains of *Actea* are sharp, shooting and bearing down. The sharp pains shoot from the ovaries across the pelvis, up the sides to the mammary glands and down the thighs. There is extreme soreness and tenderness along the track of the pains. In the majority of cases there is the headache described under encephalgia.

Like *Nux*, *Actea* acts in potencies from the 1000th down to the 1st and even the tincture.

Bryonia is a hybrid between *Nux* and *Actea* in that it resembles *Actea* in its affinity for the nerves of the muscles and female sexual organs and *Nux* for the nerves of the digestive organs, including the liver.

Case I.—A young homeopathic physician, the husband of one of our Iowa City graduate nurses, sent us the following:

"*Family history neurotic*, also personal history. Matured at 15, menses have always been irregular and painful.

Mind.—Very irritable, worse at the menstrual periods.

Head.—Severe bursting, splitting headache, deep in brain, beginning in the morning on first waking and opening the eyes; still worse from motion; dizzy on first getting up, worse from stooping; stitching pain in and above the eyes; soreness in the occiput and a drawing heavy pain which runs from occiput down into the shoulders.

Stomach.—Pain in the epigastric region, sensation of a stone, worse after eating, sometimes with this she has what I call a stomach cough; bowels are always constipated with ineffectual urging at times.

Sexual Organs.—Sharp shooting pains in the pelvis with extreme soreness over both for a week at each period. She is aware of an irritation in the pelvis and this makes the mental condition worse.

Extremities.—There is stiffness of and pain and tension in all the muscles. The *spine*, especially the upper part, is very sensitive to pressure."

The letter concludes, "You know her make-up. It is clearly *Actea rac.* and all the symptoms are also. But I have used that remedy in all potencies without help. She is growing worse instead of better. She wanted me to write you and see what you would suggest." *Bryonia* 6th, five drops, ten minutes before each meal and at bed time, was given; also to drink three pints of hot water a half hour before breakfast and make fruit a large part of her diet. The doctor reported at our state meeting, three months later, that she was well.

Arsenicum alb.—This remedy has been of service in all stages and for all causes of this condition. It does not have a special affinity for any one section of the brain

or nervous system but acts equally well for the nerves of the stomach, heart, or extremities. The selection of Arsenicum is easy as its sensations are few and definite, so also its modalities: *Burning, sharp, shooting, like a flash of heat over the surface or a red hot fine needle along the course of the nerves* are the sensations. *Worse from cold, better from hot applications and worse at night, especially from midnight to three A. M.,* are the chief modalities. It acts well in any potency from 6th to 1000th, according to the personality of the patient.

Kali phos.—This remedy has served me well in many, many cases. Like Arsenicum the pain is felt in any and all parts of the brain and nervous system. Like Arsenicum it is better from warmth but worse from cold and in the morning, later than Arsenicum. The 30th seems to act the best, the 3rd the next best. The high potencies do not seem to work as well as the high potencies of Arsenicum. For its indications, look under brain fog.

Gallic acid.—This remedy, with pressure judiciously used, has proved beneficial in several *cases caused by aneurism*, which I have observed. When I say judiciously I mean that we should see to it that the surrounding tissue is not injured by the pressure. I remember that the first case of aneurism I ever saw was treated by pressure made by the thumbs of a relay of students, and by Gallic acid 3rd. It was an aneurism of the thyroid axis. The patient was in charge of Professor William Todd Helmuth, who instructed us to estimate the amount of pressure by the color of the skin and condition of the surrounding tissues. Professor Helmuth visited his patient three times daily. The Gallic acid was given in five drop doses every three hours. The daily diet was eight ounces of bread and butter and six ounces of either water or milk, as the patient desired. He usually chose water.

The pressure was kept up for seventy-five hours, the diet for seven days and the rest in bed for four weeks. The patient afterward reported in good condition periodically for two years and then left for California.

Ergot.—This is another remedy to be used when the *cause* is *aneurism* or *contraction* of the *blood vessels*, especially the *arteries* and *arterioles*. It contracts these fibers and by so doing causes first, hypertrophy which is followed by atrophy. Its action upon the circulation is marked. The sensation of *internal coldness* but *external heat is marked*. Discoloration of the skin is also a prominent symptom. I have used it hypodermically from a prepared capsule, repeating only a few times, and then the 30th over a long period of time.

Plumbum.—This is one of the deepest of our deep-acting remedies. It is most useful for the last stage of multiple neuritis; for the structural changes which result from sclerosis. I have never known Plumbum to cure a patient of this disease, but have known a few patients who were partially or wholly relieved of *terrible, catchy, drawing, cramping pains which began in the abdomen, sometimes in the stomach, and radiated to all parts of the body*. Such patients always suffered from *constipation; stools hard, in balls like sheep dung, black. Constriction of the anus and sharp neuralgic pains in rectum always accompanied stools*. Some patients had lightning-like pains along the spine and thighs. No potency below the 12th ever seemed to act. The 30th seemed best. Plumbum, like Colocynth and Magnesia phos., acts best when given in hot water, 10 drops to two ounces of hot water, every half hour till the pains are relieved. *Heat and pressure* are the two leading modalities.

MYELITIS.

Definition.—Inflammation of the spinal cord. Wilson * says: “A diffuse inflammation of the spinal cord, resulting in the destruction, to a varying degree, of all the spinal elements.”

Our authorities make several divisions, *e.g.*, “acute and sub-acute or chronic; ascending and descending; central, peripheral and marginal; horizontal and transverse.”

These subdivisions are of use in the selection of our homeopathic remedy only as they help us to fix our “location,” *i.e.*, to determine whether the spinal column or the brachial plexus or the intercostal nerves are involved. The general practitioner does not meet cases of myelitis as frequently as he did forty years ago, probably owing to the fact that several other conditions formerly called myelitis have been given another classification. It may be well for the student of homeopathic materia medica to know that central myelitis means inflammation of the gray matter of the cord; also to bear in mind that the transverse forms affect a section of the cord, often including its membrane.

Etiology.—The infectious diseases, including syphilis; injuries; colds; strains; drugs like plumbum, arsenicum, etc. Another thing the student should keep in mind while taking the case, is the fact that symptoms of myelitis caused by traumatism, getting wet, lying on the cold, damp ground, may not appear for weeks or months after the exposure. In a hospital case (clinical) it was only after a long search for the cause that it was found to be an injury sustained while tackling in a game of football played six months previously. This, notwithstanding the fact that the patient was intelligent—a university student.

* Wilson's Diseases of the Nervous System.

In one case, seen with Professor Dickinson, an attack of lead poisoning three years previously, was decided to have been the cause.

Age.—In the majority of cases between twenty and forty-two. The cases reported as myelitis in children under fifteen were evidently cases of cerebral meningitis. I had one case, in a boy of twelve, caused from exposure.

Sex.—It is evident from the causes that a large majority of the patients should be males. I never have seen a case in a female.

Differential Diagnosis.—Cases of hemorrhage into the cord, spinal meningitis, multiple neuritis, multiple sclerosis, also hysterical paraplegia have been mistaken for myelitis. One case of hysterical paraplegia, seen with Dr. A. M. Linn, was that of a neurotic, unmarried woman, aged twenty-six, who had nursed her brother through an attack of myelitis which ended fatally. Beginning the day after the brother's burial she presented all the symptoms she had seen in her brother during the first three days of his illness. The symptoms would then suddenly disappear only to reappear after lengthening intervals. It was nearly a year before she was normal.

Pathology.—Irritation, inflammation, degeneration, generally fatty, of the myelin and also of the axis cylinders. The microscope will reveal the vessel-walls congested, filled with leucocytes, round cells and small nuclei. Bacteria may be present. In a few cases cysts are present.

Dickinson says: * "The cord may be found either softened or indurated. Most frequently it is reduced to a yellowish red pulp of the consistency of cream; the yellowish or reddish tint being derived from more or less admixture of pus or blood corpuscles.

* Dickinson's Practice, page 304.

If the cord is hardened, it sometimes presents a pale, bloodless appearance and is as hard as cartilage; in other cases it is more or less red and vascular. In either case, when examined under the microscope, its proper tissues are found to be broken up and destroyed."

Prognosis.—Most of our authorities give a very pessimistic prognosis. A few recoveries are recorded. It seems to me that many more cures have been made than recorded.

Symptomatology.—This depends on the part of the cord affected; also on the variety or form. If the upper portion, we have difficult deglutition and speech, then an irregular pulse; and hemiplegia. If in the cervical portion, there will be difficult dyspnea, loss of power in the muscles supporting the head; tingling, jerking in the hands and feet, followed by paralysis of the same; distress, palpitation, tightness and heaviness in the region of the heart. If in the lumbar region we have the girdle sensation about the waist, priapism, loss of power of the sphincters of bladder and rectum, and finally, in some cases, complete anesthesia and paralysis of the limbs.

Comparison with the symptoms of spinal meningitis shows that the latter has sharp pains along the spine, worse from motion, while uncomplicated myelitis has no pain in the spine. Meningitis has no loss of voice, while myelitis has. Myelitis has no tenderness on pressure but meningitis has. Myelitis has more dyspnea, more anesthesia and a greater tendency to bedsores.

There are exceptions to the above statements. We do have pains in cases of the transverse form involving the membrane.

Wilson says: * "There is a feverish condition with a very rapid paralysis of the lower limbs, which is spastic

* Diseases of the Nervous System. Wilson. Page 242.

in type, with abolition of the deep reflexes, and the incontinence of urine and feces. The muscles of the paralyzed limbs speedily waste, and there is sweating, coldness, and blueness of the affected parts. Bed sores occur upon the sacrum. Sensibility is lost in the paralyzed area, and above the insensitive parts there is a zone of increased sensibility to touch and pain."

Bartlett says: * "The premonitory symptoms of myelitis are those of the acute inflammatory affections generally; high temperature, 101 degrees to 103 degrees, rapid pulse, associated with the usual constitutional phenomena. Convulsions are observed only in the case of children. The symptoms peculiar to the disease itself consist of a combination of motor and sensory phenomena, the former being as a rule the first to appear. The patient first experiences a dragging or heaviness in the limbs, gradually increasing in intensity until it amounts to absolute paralysis. Shortly after the onset of the motor weakness, sensory phenomena, consisting of numbness and formication, appear; and these increase more or less rapidly to complete anesthesia.

Characteristic of myelitis, and nearly always present, is the girdle or cincture sensation.

Pain in the back is scarcely ever a prominent symptom of uncomplicated myelitis."

HOMEOPATHIC THERAPY.

It is evident that the remedies which will benefit patients suffering from spinal meningitis will also be useful for those suffering from myelitis.

Belladonna, which is rarely indicated for meningitis, is frequently indicated for myelitis, especially if the upper

* Bartlett, Practice, page 221.

part of the cord is involved. The indications are *shooting, stabbing pains in the spine; twitching of muscles* as if touched by an electric spark; high fever with the skin alternately dry and moist; difficult deglutition, with great dryness of the throat and retention of urine. Give the 12th or 30th in five drop doses and repeat every 30 minutes.

Bryonia for the *stitching, tearing pains aggravated by the least movement*. When the *stiffness and anesthesia* of the muscles are first appearing; the temperature is beginning to fall; and the mucous membrane of the throat and mouth is beginning to moisten. Bryonia acts well after Belladonna, but should never be given at the same time, *i.e.*, alternated with Belladonna.

Hypericum.—Professor J. G. Gilchrist, from experience, placed this remedy at the head of the list when the cause was traumatic—some blow on the spine. *Pain from the least movement, extreme sensitiveness to touch, fear of attempting to stand or walk* were the ranking symptoms.

Gilchrist used it both internally and locally. Internally he used five drops of the 3rd; locally the tincture, one part to four of hot water, applied to the spine, a little hotter than the temperature of the patient. I have seen good results from Hypericum used as above stated.

Arnica.—In one of the two cases referred to above, Arnica 3rd was substituted for Hypericum after twenty-four hours, and continued for two weeks. It was given to absorb the exudate. The *proof* that it did so *was improvement, the use of the extremities, and in the restoration of the power of the sphincter of the bladder*.

Rhus tox.—This remedy has helped when the patients were young and the cause lying or playing on damp ground.

Case.—A strong, ruddy, fat boy of 13 played marbles one bright, sunny day before the frost was out of the ground. He had taken off his coat and rubbers and often, when it was not his turn to play, lay on the ground. He went to bed about nine o'clock as usual. His mother went into his room at about eight the next A. M. and told him it was late and to get up at once. The mother said the boy smiled and said, "I can't move." She left him. At about eleven she went up to his room again and saw that he had not moved. More than that, she found that what she thought was a smile was a *grimace caused by his effort to move and talk*. He could neither turn over or lift a limb. Furthermore, he had *wet the bed and did not know it*. Examination showed every muscle stiff and sore; not only stiff but weak, so much so that he could not help when we moved him. His tonsils were enlarged and sore. His hands were slightly swollen. In some parts of the body we had *marked sensitiveness; in other parts decreased sensibility*. There was no tenderness or soreness over the spinal column, but the muscles of the back and chest were sensitive. Rhus tox. 30th, five drops every three hours, was given. There was no improvement for forty-eight hours. After that it was uninterrupted. He was normal at the end of five weeks.

Arsenicum alb.—Extreme *weakness of the spine, drawing from the sacrum to the nape of the neck and from nape to shoulders*; bruised feeling in the nape of neck are the ranking symptoms of this group. For other symptoms of the group, see multiple neuritis. Here, as elsewhere, Arsenicum alb. meets all classes of patients, *i.e.*, acts well in any and all potencies.

Cuprum ars.—In two cases have I received marked benefit from Cuprum ars. The first case was sent to my clinic by Professor Dickinson, with a note simply stating:

"I cannot see why Arsenicum alb. does not help this patient." The class had visited the patient in his room daily for eight days. He had simply held his own. A member of the class informed me that Professor Dickinson had prescribed the Arsenicum alb. in this case because the symptoms so nearly resembled those of a patient suffering from tic a few months before.

We took "*cramps*" in the left leg, *relieved by the nurse pushing against the foot; a numb, paralyzed feeling of the leg; and frequent, imperative urging to urinate* as the determinative symptoms and the symptoms given under tic for the balance of the group. He made a good recovery from the use of Cuprum ars. 6th, five tablets four times daily. He was in the hospital nine weeks.

Strychnia.—For several years both Dickinson and I used, at the hospital, Strychnia as suggested by Hale.

The Strychnia patients suffer from cramps in the affected extremity as do the Cuprum ars. patients. In some cases the cramps were so light that they were called twitchings or jerkings, but in all cases there was *relief from getting up and bearing the weight on the foot* or by having the attendant push on the foot. Strychnia is not indicated in the first stages; always after degeneration has begun. The remedy was given to some patients by hypodermic, one-sixtieth gram twice daily, or by mouth, three tablets of the 3rd, three times daily.

The result was prolonged life with less suffering.

Strychnia phos.—After the proving of Strychnia phos., the 3rd of that remedy was substituted for Strychnia, being given for the same group of symptoms. It produced better results than the Strychnia, especially if in addition to myelitis there existed fatty degeneration of the heart after break in compensation. Occasionally for

weak, delicate, neurotic patients, the 6th of both Strychnia and Strychnia phos. was given, instead of the 3rd.

Auxiliary Treatment.—"The first great point in the treatment is rest of the most absolute kind. Then every precaution must be adopted for the prevention of bed sores. With this end in view, a water bed should be procured whenever possible. The bed clothing must be kept clean and free from wrinkles. The patient should be kept scrupulously clean and dry. The patient should not be maintained too long in one position, as it is desirable to shift pressure frequently from one part to another. When bed sores appear they should not be superstitiously regarded as some mysterious dynamic entity, and some absurd old woman's treatment adopted. On the contrary, a common sense view of the situation should prevail, and the treatment conducted on strict surgical principles. If catheterization becomes necessary, careful aseptic precautions must be adopted. As local applications for the prevention of bed sores weak solutions of tannin or alum or plain alcohol may be recommended." *

I would modify the above somewhat as to the treatment of bed sores. Over thirty years ago I was called to see a case of Dr. A. O. Hunter's, in his absence. I found the patient lying on a dog skin. When I expressed my surprise, the patient's wife said: "That was at my mother's suggestion. When she had bed sores with typhoid fever, a neighbor brought in a dog skin and it cured hers." Since then I have used them several times, when other treatments failed.

Oiled silk sewed to the night dress has given relief to some and in the case of a farmer, a well tanned sheep skin was given credit for being the best. When the oiled

* Bartlett's Practice of Medicine. Page 223.

silk is used, boro-pix thoroughly and freely sprinkled over the bed sores has proved very helpful.

In place of the tannin or alum solutions, a solution of Echinacea tincture, one part to ten of water, has relieved some cases.

The bladder should be constantly watched and emptied by catheter, if necessary.

TUBERCULAR MENINGITIS.

This formidable disease is much more common than is generally believed. However, we are glad to state that as general tuberculosis is becoming better controlled, cases of tuberculous meningitis are becoming less frequent. It is a disease which we general practitioners should assume the responsibility for as it is strictly in our field. It is confined mostly to children and youths. We have never seen a case in a patient over 16 years of age, neither have we ever found a case following acute pneumonia, and yet the cases we have seen were of patients who had been in ill health for some time before we were called.

Etiology.—The condition is always caused by the specific bacillus travelling through the blood from some other section of the body and lodging in the meninges. The lymphatics have been accused of permitting the bacilli to pass through them.

Pathology.—Post mortems show the meninges to be a part of a general miliary tuberculosis. These tubercles are found at the base of the brain, around the vessels and in the choroid plexus; water in the ventricles is always present. Under the microscope, pus is often seen.

Diagnosis.—A tuberculous history is essential; the age of the patient; the early cerebral symptoms appearing at intervals, either singly or in groups. These symptoms will be given as part of the symptomatology.

Prognosis.—This is unfavorable. Yet cases of cure have been reported. We have had some.

Symptomatology.—First and most important is the history, both family and personal. We learn from the patient or teacher, that the patient is not himself; that the boy has become lazy, careless, indifferent; or the girl hysterical. That the stomach and bowels are out of order, the patient is constipated or the reverse; has no appetite; had an occasional vomiting spell; that the patient is restless; and there is stiffness of the muscles, especially of the neck; the calves of the legs and soles of the feet are very sensitive. Then suddenly all these become worse; the patient has a chill and then fever; some have spasms, usually children, very rarely adults. (We have never seen convulsions in a patient over 13 years of age.) The rigidity of the muscles of the extremities increase rapidly as shown by passive motion. It becomes impossible to extend the leg of the patient on the thigh when the thigh is flexed on the abdomen.¹ Flexing the head on the chest will flex the lower limbs at the hip and knee.²

“Lumbar puncture shows fluid under pressure, which fluid is usually clear but occasionally cloudy; and there is a lymphocytosis except in the very beginning of the illness when there may be a neutrophilic leukocytosis. The albumin is increased and the tubercle bacillus may be found in the clot. Sugar is usually decreased in amount and sometimes absent, and this furnishes an important differential sign between not only tubercular meningitis, but other forms of meningitis and encephalitis.”³

¹ Kernig's sign, supine posture.

² Brudzinski's sign.

³ Curschmann's Clinical Neurology. Page 119.

HOMEOPATHIC THERAPY.

Our remedies should be divided into two classes: 1st, for the early stage of tuberculosis—prophylactic remedies if you please; 2nd, those for the latter stage, after the meninges have become involved.

The three leading remedies of the first class are *Iodine* and its two compounds, *Calcarea* and *Arsenicum*; *Phosphorus* and its compound, *Calcarea phos.*, and *Calcarea carb.*

The general indications are given in our Text-Book of Homeopathic Theory and Practice of Medicine, page 145:

“Iodium is most frequently called for when the glands are affected. The patient is usually of dark complexion, has a dry, unhealthy skin and runs a higher temperature than that produced by any of the other seven. The *appetite* under this remedy deserves especial attention in this group. It is *always ravenous*, but the food taken fails to nourish the *patient* who constantly and *rapidly loses weight*. The compounds of Iodium vary somewhat in their affinity and activity upon the different glands.

Calcarea iod. is most effective when the mesenteric glands of children are also involved. The symptoms are as follows: *Child dark*; greatly *emaciated*, nothing but skin and bones; *abdomen enormously distended*, the mesenteric glands being large and nodular (child looks like a young robin before its feathers are grown, *i.e.*, all belly with emaciated arms and legs); *hectic*; *chronic cough with a green mucous expectoration* if the child can raise the debris, but coarse, rattling rales in the lungs if he cannot; the *stools* are *frequent, green* or varying in color, *watery*, mushy and accompanied by much flatus; the *skin* is very *dry* except during the night sweats. Give the 3rd or 6th, three grains every three hours.

Arsenicum iod. is the best remedy when the exciting cause has been the flu or grippe. *Weakness and rapidity of action* are the ranking symptoms. The *emaciation* is the third symptom. This remedy seems to reach all tissues but has a greater affinity for the *mucous membrane* than any of the Iodine compounds. It produces an *excoriating, gluey, yellow discharge from every orifice of the body* but especially from the nose and bronchi. There is intense *thirst but cold water causes distress in the stomach*. Cold aggravates every symptom. With the extreme weakness is a marked restlessness. Good results have been obtained from both the 3rd and 30th.

Phosphorus.—The lungs and long bones are the tissues for which this remedy has a special affinity. The *tall, hollow-chested, hemorrhagic* patient corresponds to the Phosphorus make-up. It is one of our most powerful irritants, hence the *violent tickling producing cough, hoarseness*, and even aphonia, the hoarseness aggravated by using the vocal cords. Heat and oppression of the chest are the two leading subjective symptoms. The aggravations which belong to the respiratory group are physical and mental exertion, the latter being by far the more important. Phosphorus is the remedy for tall, rapidly growing young people, especially young women when menstruation is delayed, but after the menses are once established they are too profuse and too frequent, often amounting to hemorrhages. Do not use the remedy too low, not below the 30th for this condition.

Calcarea phos. is the most effective compound of Phosphorus. It is more useful for the first seven years of life, for both *periods of dentition*, for *anemic children whose poor circulation causes cold extremities and digestive troubles*. The patients have *abnormal cravings, aversions and desires for indigestible food*. The *stools* are of *undigested matter*, watery, green, and hot. The condi-

tion for which *Calcarea phos.* is most useful during the second period of life is what is called *school girl headache*, i.e., head hot with cold feet and hands, also *sharp burning pains about the sutures* of the bones of the head. Use the 12th or 30th.

Calcarea carb. is useful for tuberculosis of the *glands and bones*. It has proven of benefit for the diathesis and also after tuberculosis has developed. The make-up is too familiar to need repetition. It acts best for children under seven and is especially indicated if the child is suffering from *Pott's disease*. Next to this age and condition is the age of fourteen and the condition of delayed menstruation. The cough and menses are so similar to those of *Phosphorus* that we must differentiate between them by the make-up of the patient and the condition of the skin. I usually give the 3rd and do not repeat the dose more than twice daily."

Iodine. *Case I.*—Patient, a girl 18 months old, weighing 13½ lbs., dark complexion; dry skin; mesenteric glands large and abdomen tender. Family history revealed tuberculosis on both sides. The father was in the State tuberculosis hospital; the mother died when the patient was two weeks old. Tuberculosis was written in the death certificate. Patient resembled the father's side of the house. The child had been in a children's home. The matron told me she had never been very well; that in spite of the fact that she ate more than any other child in the house, she was always hungry, poor and skinny; that the stools were loose most of the time and "rank" in odor; that she had taken cold about ten days before and that she was better, but *complained when they moved her and her legs were stiff*. For this last condition she had sent word to the father and he had put me on the case. Examination showed a temperature of 104.8, pulse 124 and respiration 36. Kernig's sign was present but not as

marked as Brudzinski's. As the head was flexed on the chest she cried bitterly and showed marked pain in the neck and spine. Iodine 3rd trit. three one grain tablets, every two hours, were given. Milk and ice cream were also ordered every three hours and after the ice cream, one dram of Hagee's Cordial, four drams daily. A hot sponge bath was given morning and evening, followed by an inunction of pure cod liver oil over the abdomen and on the sides of the chest below the axilla. On this treatment the temperature gradually went down to 99.6 on the tenth day. But from there on for a week there was no improvement. She was then given one dose of B. & T.'s Tuberculinum 1000th. Two days after, improvement was resumed and continued for ten days when the temperature went up again to 102.2 and the stools were very loose and frequent. She was put back on the Iodine 3rd, three grains every four hours, which brought a rapid change for the better. There were occasional relapses during the next two years but thirty months after the first dose of Iodine she was normal in every way.

We have had many excellent results from the use of the remedies mentioned; also some dismal failures. The auxiliary treatment is very important in this stage of the disease.

For the second stage, especially when there are convulsions, the three remedies which have been most effective are *Helleborus nig.*, *Zinc phos.* and *Strychnia phos.* Of these, *Helleborus* has always required one of the other remedies to complete a cure. On the other hand it has arrested the rapid downward course of the disease and restored the patient sufficiently so that the others had an opportunity to restore the patient to health.

Case I.—*Helleborus* saved the life of a boy 16 months old of tuberculous parents. I was the attending physician

at his birth. He never nursed his mother and every precaution in the way of diet, medical and auxiliary treatment was used with very good success. He was subject to frequent colds from which he recovered rapidly. "He began coughing and watering from the eyes two days ago," the mother reported when I reached the house, "but the cold did not give way as it usually does. More than that, he had a rash yesterday on his forehead and face, but it is gone today. He has had three spasms." The rash was measles which had been suppressed. The child was *unconscious* but there were *constant motions of the left arm and leg*, also a *twisting, chewing motion of the mouth; the eyes were fixed; the head was being constantly bored into the pillow*. No urine had been voided for forty-eight hours; the temperature was 105.5.

He was given five drops of the 3rd in ten drops of water every half hour for six doses, then every hour for ten doses and the interval between doses increased as he improved. The fifteen drops of the solution were given under the tongue till consciousness returned so he could swallow.

Beginning about twenty-four hours after taking the remedy, Iodoform, one dram to an ounce of lard, was rubbed into the skin over the entire length of the spine and hot cloths were kept over the region of the kidneys till they began functioning. The patient is now a grown man, healthy, and of ordinary mental capacity.

Iodoform.—We have used this remedy, locally, as in Case I, in one other case but could see no effect from it. William Boericke, however, gives it as one of the remedies for tubercular meningitis.*

Bryonia. *Case II.*—Charles T., aged 18 months, father tuberculous, mother healthy. Had capillary bronchitis when 11 months old, which was controlled by

*Materia Medica, 8th Edition.

Ipecac 6th, otherwise had enjoyed good health. He contracted chicken pox from which he had nearly recovered when he was exposed to cold. A chill followed by high fever, 104.8, supervened. There were no convulsions neither was he unconscious, *but his left arm and leg were in constant motion*. He complained of pain in the occiput and in the legs. *Flexing the head on chest caused severe pain the entire length of the spine*. Recalling the Helleborus case, he was given the same treatment, but without either checking or improving the patient. After forty-eight hours he was put upon Bryonia 6th, five drops in water, one dram every two hours. The fever began to recede after thirty-six hours and general improvement began after sixty hours. This continued for over three days, at which time the A. M. temperature was 99 and the evening, 101.2. For two days there was no change except that the patient sweat profusely after midnight. Bryonia was then discontinued and *Calcarea carb.* 30th, five drops *q.i.d.* substituted. This brought improvement after thirty-six hours, which continued till the child was normal.

Case III.—A. N., aged four, dark, active, tuberculous on mother's side. This patient also had a light attack of chicken pox and though desquamation was not complete, he left Des Moines for Chicago on Christmas eve. He contracted cold in the sleeper, had a chill on Christmas night, followed by high fever. A Chicago physician was called, pronounced it a case of tuberculous meningitis and gave Aconite 6th every hour. The boy was brought back to Des Moines December 26th, and that evening was put on Bryonia as the symptoms were like those in Case II. The child grew steadily worse. On December 27 he had a convulsion followed by unconsciousness. This convulsion was followed by others, six in three hours. He was then put upon the Helleborus and Iodoform as in Case I

but without any improvement. He never regained consciousness and died on December 29th. The temperature before his death was 108.2. The post mortem confirmed the Chicago physician's diagnosis.

Auxiliary Treatment.—With the remedies given as prophylaxis the diet should be rich in phosphorus, lime, and iron; such as is found in fish, fruits, carrots, spinach, etc. When the remedy is *Arsenicum alb.* or *Iodium* a liberal amount of fats, especially the butter fat, should be added. Sleep and fresh air should also be insisted upon in large amount. Warm clothing is essential; change of climate, only if the child's parents can go with him so that he will not become homesick.

During the acute stage of an attack the kidneys and bowels should be closely watched and made to function. Enemas and the catheter are often needed. Hot or cold applications to head or spine, or both, should be used, determined in large measures by the patient's reaction to one or the other.

EPIDEMIC CEREBROSPINAL MENINGITIS.

Synonyms.—Cerebrospinal fever, Spotted fever.

Definition.—An infectious disease of the meninges of the brain and cord. Some claim it is contagious and some not. However, it is best and safest to so consider it. We should also bear in mind that we have sporadic cases of it.

Etiology.—Infection from the *diplococcus intracellularis meningitidis* entering through either the respiratory or digestive organ. Some claim that the *pneumococcus* or the *streptococcus* may carry the disease to the meninges.

Age.—From one to ten, most frequent, but no age escapes in some epidemics.

Sex.—About equally affected.

Race.—All races.

Climate.—More in the temperate zones. Season of the year: Winter and spring. Trauma, causing fracture of the skull, has been given as a cause.

Pathology.—First a dilatation of the blood vessels of the pia-arachnoid and an invasion of leucocytes into their walls, and the lumen of the smaller veins. If the patient has lived long enough, we have persistent inflammation of pia-arachnoid. In spaces of various sizes are found masses of cells, mostly polymorphonuclears. Later the exudate organizes.

Diagnosis.—The most diagnostic symptoms are *abrupt onset, severe pains in the cervico-occipital and lumbar region, rapid and great prostration, vertigo, vomiting, tonic and clonic convulsions*, a slow pulse soon followed by a rapid pulse, often variable in quality. Variable temperature and finally unconsciousness. The majority of these symptoms will suffice. The history of the case will differentiate between it and tuberculous meningitis, pneumonia, or typhoid.

Symptomatology.—The symptoms usually appear in the following order: Chilliness or a *chill*; *severe headache*; *marked dizziness*; *violent vomiting*; *pains in the muscles of the neck*; *tonic convulsions* of these muscles drawing the head back; mental confusion, delirium. The pulse at first may be slower than normal, later, faster, variable in quality. The *temperature* ranges from 100 to 105.5; the *skin is hot*, at times dry, again moist. The above are the symptoms of the ordinary case. If the fatal cases are prolonged to a week or more, deafness, corneal ulcers, facial and other paralysis occur.

Prognosis.—Grave, worse in some epidemics than in others. In the same year one hospital reported the mortality rate as 33 per cent., another 80 per cent. The rate

is greater for children. The rate is less between the ages of fourteen and thirty-five than before or after those two ages.

HOMEOPATHIC THERAPY.

Belladonna.—*Suddenness of the attack; rapid rise of fever to 105 or 106; pulse full, bounding, rapid; eyes bright and sparkling, with dilated pupils; face flushed; violent delirium; headache, throbbing, pulsating, hot, with cold feet; head retracted.*

Belladonna 30th, five drops every 30 minutes for four hours, then every hour for eight hours, then every two hours for sixteen hours, saved a girl of eight years. Paralysis of the right leg with quite a little atrophy was the residue. She is now married, healthy and the mother of two children.

Nux vom.—Professor Dickinson had a case during the same week as the above to which he gave the same treatment. The fever, pulse and delirium all subsided but the contraction of the muscles continued, even grew worse; there being several attacks of opisthotonos in 48 hours. Nux 30th was substituted for Belladonna, ten drops every two hours. The attacks were brought on by the *slightest touch, by letting cold air on the body or by any sudden or loud noise.* An attack followed the dropping of a tea cup by the nurse. The patient is a strong and healthy man today, with only a slight shortening of the left leg.

Cuprum.—*Blue is the ranking symptom of the group; blue face, lips, fingers; violent attacks of dyspnea, coming suddenly and stopping as suddenly; cramping of any and all muscles; clonic spasms beginning in the fingers and toes; eyes sunken and surrounded by blue circles, half open, fixed, staring.* Give the 6th or 30th, but do not repeat too often. Three tablets every two or three hours.

Zinc. phos.—When the patient survives a severe attack, which Belladonna has relieved but there still remains *marked prostration with great impairment of memory, a dull stupefying headache, with a good deal of rolling of the head; hands and feet, especially left leg, in constant motion.* Three tablets of the 3rd or 6th, every three hours. *When the twitching of the leg was very severe, the most annoying symptom, I have substituted Zinc. val.* for the phos., given it the same as directed for the Zinc. phos.

The above are the remedies I have used for the violent epidemic form with varying success. I have observed the condition in three epidemics, seeing several cases with other physicians. I have cared for four alone. The first was in Rockville, Conn., in December, 1882. There were at that time three children between the age of 13 and 18 months taken during the hours of 10 P. M. and 2 A. M., all dying within thirty-six hours. My case was that of a baby boy 13 months old. I was called near midnight, as the babe was "having spasms." The mother stated that he went to sleep as well as usual at about 9 P. M. She was wakened by a scream and found him "on his head and heels, with stomach in the air." I found him lying on his right side with retracted head. On trying to draw the head forward he had another violent spasm, lasting about two minutes. The temperature per rectum was 105.5, pulse too rapid for me to count; face flushed, profuse sweat over entire body. I put a dram of Belladonna 6th in four ounces of water and then wetting a sop in it put it in the child's mouth for him to suck. This was repeated every 15 minutes. He had no more convulsions. The temperature gradually went down to 100.2, but he never regained consciousness, dying the next day at 8 A. M. One of the other two died at 3.30, the other at

9 P. M. All three were in the same neighborhood and attended by different physicians. The incident caused me to have a dread of the epidemic form of meningitis.

THE SPORADIC FORM.

Of several cases which I have treated, none compared in severity with those of the epidemic form. There was a longer prodromal stage and the active stage was milder. And yet, in a large majority of cases there were bad after effects—paralyses and atrophies.

The remedies used for this form were those given for the other form and **Gelsemium** which has been indicated more than any other. *A Typical Case.*—M. R. Mc., age 3 years. Family and personal history excellent. Was called because the *child* said he was *cold, though he seemed to have a high fever*; was *drowsy* and yet did not sleep; face was *flushed a dark, almost purple color*; said his *back was sore* and that he *ached all over*. He was given five drops of Gelsemium, 30th, every hour. This was at 8 A. M. When he was seen again at 5 P. M. of the same day the mother said: “The medicine worked like a charm. His aching stopped after the third dose and he soon went to sleep and has been sleeping *without moving* since noon.” She was greatly surprised when informed that her child did not move because paralyzed. The remedy was continued at longer intervals for thirty-six hours. At that time the temperature was normal but the paralysis no better. The most annoying symptom was *incontinence of the urine*. He was then given one dose of Sulphur high and 24 hours after returned to Gelsemium, but the 3rd instead of the 30th, five drops four times daily. The ptosis was the last symptom to disappear. In fact he still has it whenever he contracts a cold or gets very tired.

CHAPTER III.

FUNCTIONAL CHANGES.

It was difficult in the two preceding chapters to clearly and definitely differentiate an algia from an itis; to say at what point the effects of irritation ceased and those of inflammation began. It is going to be still more difficult, in this and the fourth chapter, to positively determine and demonstrate when an abnormal functional condition ends either by being restored to normal or by producing structural changes of tissues or organs. Fortunately, for the purpose of selecting the indicated remedy for the patient suffering from any of the abnormal functional conditions we are to consider, it is not an absolute necessity that a distinct and definite line of demarcation be drawn. All that is necessary is to know and bear in mind the fact that there are some drugs which can only irritate; others which can irritate and inflame; still others which can irritate and cause functional disturbances; and still others which are able to produce all four conditions.

DELIRIUM AND CONFUSION.

We take as the first of the physiological changes delirium, and confusion as its synonym, for two reasons: 1st, to illustrate the difficulty of differentiating (diagnosing) the functional changes; 2nd, because delirium so frequently occurs not only in conditions found in this third chapter, but also in those found in the other three.

Definition.—"By delirium is meant a confused and clouded state of consciousness, associated with and symptomatic of fever. By confusion is meant a state of de-

orientation in all the three spheres—temporal, spatial and personal.”¹ The laity often call such patients crazy.

Division.—Although our authorities make several divisions, for our purpose only two will be necessary, *viz.*, acute and chronic. In the first class we will put those cases which appear at the beginning of the exanthemata or infectious diseases and those resulting from emotional causes like fright, fear, grief or joy. In the second let us put those cases which occur as the sequel of the conditions mentioned above, from profound exhaustion; also from epilepsy, delirium tremens, etc.

Etiology.—This is given in the above classification.

Pathology.—This may be a simple irritation or any of the changes of tissue or organ found under inflammation, functional or structural changes of the brain and nervous system, especially of the brain.

DELIRIUM.

Symptomatology.—All sorts of illusions, delusions, hallucinations; some patients flee from some imaginary person or object while others fight.

In some cases, depending upon the cause, the attacks come on suddenly, while in others more gradually. In some cases the delirium precedes or begins with the disease, *e.g.*, scarlet fever, pneumonia, etc. In other cases they follow as effects of the disease or form a part of its symptomatology, *e.g.*, typhoid fever, diphtheria, etc. Insomnia frequently is found and is a bad symptom.

Diagnosis.—Acute meningitis resembles delirium but the stiffness of the muscles of the neck, the severe headache and general hyperesthesia of meningitis are seldom found in the cases of delirium.

¹ Outline of Psychiatry. Wm. A. White. Page 231.

Prognosis.—The prognosis depends upon the cause and form of the delirium. Delirium at the outset of such diseases as scarlet fever, measles and pneumonia is usually easily controlled by our homeopathic remedies. Delirium coming at the end of the course of the above and other diseases or when these are complicated by the tuberculous or syphilitic diatheses, should call for a guarded or even unfavorable prognosis, especially in old patients.

HOMEOPATHIC THERAPY.

The *Belladonna* group heads the list for the first form. The form the delirium assumes should be the ranking determining symptom of the group, and the pathognomonic or most prominent symptoms of the disease (scarlatina, pneumonia, etc.) should complete the group.

Belladonna.—Is for a *wild, furious* delirium. The patient *tears the clothing, bites, strikes, kicks, howls, shrieks* and wants to get away from some imaginary person or object. In the great majority of cases the *color* of the objects is *red*. One patient stated that a school-mate was trying to sear her back with a red hot stove poker. The above group, which Selden H. Talcott taught us, I have verified hundreds of times.* Dr. Talcott also wrote: "Occasionally there is a low, muttering delirium." In all my practice, including that in two children's homes and one maternity home, I have never seen a patient with "low, muttering delirium" benefited by *Belladonna* in *any potency*. The 30th potency, in five drop doses, repeated at first every 30 minutes and then the interval lengthened as improvement begins, is the best.

Stramonium.—This remedy is for patients who see things *black* instead of red. "*Mind.*—Extraordinary

* Mental Diseases and Their Modern Treatment, page 279.

mental excitement; sudden and kaleidoscopic changes in the mental state; at times full of horrible fears; at times merry and enjoying himself by singing and dancing; at times proud, haughty, and intolerant of those around him; at times full of rage, trying to strike with great vigor those within his reach; and again, dullness of the senses with stupid indifference to everything about him. Fear and hope, jollity and rage, frenzy and apathy follow each other in rapid succession under Stramonium." *

The above I have verified many times. There is one peculiarity about Stramonium not found under Belladonna, *viz.*, that the condition may be the result of a disease.

One of the first patients I was called to see in the fall of 1882 was a boy of the above group. He had been brought through a severe case of typhoid by Dr. Taylor of Manchester, Connecticut, was very weak, with sub-normal temperature, general anemia, and asthenia. He wanted to see me for a special reason he told Dr. Taylor. The first thing he said when I arrived was, "George, do you remember the time we ate those berries? How Belle P. screamed and jumped, thinking some big black thing was after her? Well, that is the way with me. I know it isn't so, but I can see a row of big spiders crawl up the side of the wall, cross the ceiling and drop down on my nose. There comes one now!" He jumped to escape the spider. Because of this condition he had had no sleep for over two days and nights. He had not told Dr. Taylor the above because he thought the doctor would think it foolish. Dr. Taylor knew the remedy at once. The patient was given five drops of Stramonium 30th at 10.30 A. M. and every two hours afterwards. He had a short nap between 4.15 and 4.30 P. M.; saw no more bugs after

* Talcott, Mental Diseases. Page 331.

9.40 that P. M. Had a fair night's rest that night, and without more bugs. Stramonium made a slow but perfect recovery." *

Hyoscyamus.—Talcott says: "*Mind.*—Delirium accompanied by periods of stupor; thinks he is in the wrong place; *foolish laughter*; almost always jolly; talks in a hurried and cheerful manner; *intensely jealous*; at times *lascivious*; *inclined to uncover the body and expose the sexual organs*; *sings amorous and obscene songs.*" *Lasciviousness and jealousy* are the two words of Talcott's which I have verified as *the ranking ones of this group*; the former much more frequently than the latter.

Let us now note a few comparisons of these three drugs. All three have spasmodic twitchings of the muscles; Belladonna has it most pronounced when the patient is nearly asleep. He cannot get to sleep because of it. Stramonium has spasms and twitchings also, especially the muscles of deglutition. The aggravation is the sight of water or attempting to drink it.

In regard to the urine; Stramonium has suppression, while the other two have retention.

Both Hyoscyamus and Stramonium have a marked action on the sexual organs, increasing the sexual desire; the former more for females, the latter for males. The cause for the former is usually suppression of the menses.

Case.—I was called to see a young woman who had been married five years. She had never been pregnant because of membranous dysmenorrhea. While menstruating she went into cold water for a swim. The menses ceased suddenly, and after about twenty hours there developed the worst case of nymphomania I ever saw. She was frantic, sent for her husband and insisted

* The Totality of the Symptom vs. The Totality of the Symptoms, Dr. George Royal. Iowa Homeopathic Bulletin, January, 1928.

on intercourse. As I came into the room she jumped out of bed, came to me and began to hug and kiss me. She was given *Cantharis* 3rd, one drop every 15 minutes till better. She became worse instead of better, so I was recalled and gave 5 drops of *Hyoscyamus* 3rd, every 15 minutes. She began to quiet down after the fourth dose and was normal after four hours. About two years later I was called to a similar case and gave the *Hyoscyamus* at once with the same prompt and permanent result. The two are the only cases of the kind I ever treated with the remedy.

Another case in which *Hyoscyamus* did much good was one of *insane jealousy*. The woman was married, mother of six children. She was jealous of her husband and accused him of loving her sister. *For three days before the menses she could not have her husband out of her sight. For those three nights she could not sleep.* *Hyoscyamus* 30th, five drops before each meal and at bed time, beginning six days before each menstrual period and omitting it when the menstrual flow began, cured her. She took it for four periods.

I have never found any jealousy in either *Belladonna* or *Stramonium*.

Cantharis.—This remedy seems to act better for the sexual excitement of men.

Case.—Married man, aged 47, father of five children, a good liver, using beer in moderation. I was called one Sunday P. M. and found the wife, children, the wife's sister and her husband all sitting together in a highly excited state of mind. The wife stated that she and her husband had been out to a party the night before; that her husband had taken a little more beer than usual, not much; that they walked home about three blocks; went to bed about midnight and both went to sleep at once;

that she waked up about 7.30 and began her housework; that he waked up about 8.15, called her and made demands of her; that she complied; that the demands were repeated and that when she refused he threatened her; that she then sent for her sister and her husband, who responded at once. The wife further stated that the patient was frantic with pain, seemed wild, would have nothing to say to the sister-in-law or her husband; had even threatened to kill the latter if he interfered. She further stated that he tried to urinate every half hour or less. I found a case of priapismus with terrible burning in the urethra. The former relieved for about 30 minutes by intercourse, but the latter was not so relieved. He was walking the floor when I went into his room. His first sentence was "You go out and let her come in." As I hesitated he picked up a chair and I left and the wife went in. On her return he seemed willing to talk and act upon my suggestions. I gave him ten drops of Cantharis 3rd and had some water heated to 108 degrees and applied it. The Cantharis was repeated every fifteen minutes. I administered it myself and changed the hot cloths every few minutes for a little over an hour. During this time there were several erections but not so severe. Just before the time for the fourth dose of the Cantharis he demanded his wife but I had sent her to a downtown drug store in anticipation of the demand and after some profanity and the more frequent application of the hot water, he felt better.

His wife had returned when I left. About two hours after he insisted upon relief and the wife complied. He passed a comfortable night, felt "bum" Monday, but went to work in his brother's shop Tuesday. The Cantharis was continued at lengthening intervals till Thursday.

This and one other similar case, treated in the same

way, are the only two cases of priapism I have ever had to treat. Both for a time were wholly irresponsible. The first case, just before their calling for help, had come into the room and threatened to brain the entire group.

Veratrum viride.—This remedy promptly relieved a most violent delirium for two patients.

Case I.—A full-blooded, plethoric young woman, 18 years of age. She was in our maternity home for unfortunate girls. She was well educated, of a neurotic, emotional nature. She had been delivered of a healthy child, "everything normal," as stated by an old physician of the old school who was physician at the home. The same day one of the inmates had died of puerperal sepsis. The next day a second one died from the same cause. This patient became cognizant of the fact when her babe was three days old. The next day she was taken with a chill followed by a rapid rise of temperature. The physician in charge resigned and I was called. This was in 1885 when sepsis and anti-septics were not as well understood and used as today. I found the *temperature 105.5*; a rapid, weak pulse; *violent palpitation of the heart; abdomen bloated and tender*; eyes staring and wild; *both hands in constant motion* and constantly repeating, "*I've got the fever, I've got the fever, I'm going to die.*" She was given one drop of *Veratrum vir.* tincture in a dram of water. Turpentine stupes were applied over the abdomen and an enema of ten drops of spirits turpentine to a pint of water was given. A half hour after the first dose of the *Veratrum* it was repeated. I then sat by the bedside watching the pulse also the patient so that she would not succeed in her attempts to jump out of bed. An hour after the first dose the color of the face, the pulse, and the delirium had slightly improved. The giving of the medicine was postponed. At the end of an hour and a

half still better, but at the end of three hours no better than at two hours, so another dose was given. The turpentine stupes were changed every half hour. From this time on the Veratrum was given only every two hours for thirty hours and then discontinued. She was normal at the end of five days.

Case II.—Another patient delivered on the same day as was No. I and who saw and heard all No. I said and did for twelve hours, but who had finally been removed to another room, began on the second day to utter the same cry and imitate the same movements. As I went into her room and examined her, there was nothing abnormal about pulse, temperature, lochia, or anything except wide, staring eyes, a frightened expression of the face, and an attempt to get out of bed and escape from something. When the nurse, one of the inmates, asked me what to do, I replied: "Treat her just as we did No. I and she will come out all right." This was said to restore confidence and order in the household. She received three doses (drops) and became normal (mentally) twenty-two hours after the first dose. Did the Veratrum have anything to do with the result?

There were nine other "girls" delivered at the home during the next three weeks but there was no more "childbirth fever" or puerperal delirium. I have used Veratrum vir. for one other case of puerperal delirium; also on three cases of uremic convulsions,¹ one of whom was violently delirious. In the latter cases I used the 1st and 2nd instead of the tincture.

Please note that all of the above patients were restored to normal (mentally). Because of that fact they should be classed under the head of *simple* delirium. The word simple is used instead of acute because some of our

¹ Royal's Text-book of Materia Medica, page 314.

authorities¹ treat acute delirium as a synonym of acute peripheral encephalitis and give the prognosis as "highly unfavorable, in a very large majority of cases ending fatally."²

All of the cases cited above, with the exception of the Stramonium case following typhoid, and many others which might be cited, were persons who were in good health a few days prior to the attack, were taken suddenly, rapidly grew worse, and were normal again in a few days.

LOW MUTTERING DELIRIUM.

While speaking of Belladonna, the expression, "low muttering," used to modify the word delirium was criticized. Speaking from a pathological, differential, diagnostic and prognostic point of view, the term has no standing whatever; but for the purpose of applying our homeopathic therapy is a very helpful term. Its rank in a particular group is not as high as the simple but in many cases *may be the "determining" symptom*. The muttering form is the result of anemia of the brain instead of hyperanemia; after prolonged exhausting conditions rather than at the outset.

HOMEOPATHIC THERAPY.

Arsenicum alb.—No more concise and yet complete picture can be painted than Talcott's in the following sentence: "It is useful when the patient is delirious, depressed, restless, has fear of death, fear of being alone, and has strong suicidal tendencies."

It may take a dozen sentences to enumerate your patient's symptoms; and some of those sentences may con-

¹ Bartlett's Practice, Vol. III, page 135.

² Talcott's Mental Diseases, page 136.

tain the pathognomonic symptom of his disease, but *Talcott's one sentence will contain the totality of symptoms.*

As I am unable to do justice to that wonderfully efficient remedy, Arsenicum alb., I will again call upon my old and reliable friend, Talcott, who closes his two pages on the remedy as follows: "Not only is the brain anemic but the entire body likewise. By keeping a weak and exhausted patient in a prone position both day and night; by the liberal use of a hot liquid diet; and by the administration of Arsenicum as a restorative medicine, a subtle and charming effect is speedily produced, as is evidenced by pleasant and abundant sleep at night, and the rapid regaining of health and spirits during the daytime." *

Lachesis.—As the word is written there comes before the mind's eye a long list of women with *pale, anemic faces, with expressions of sadness and still more of suffering*; and to the mind's ear mutterings, *mutterings, talk, talk about any and many subjects, but most frequently about religious subjects*; arguing with themselves about modernism and fundamentalism; *praying, beseeching some unseen power not to cast them into hell* although they richly deserve it. The lachesis patients, like the Arsenicum, are restless but too weak to move; they are also sleepless but, if they can get a little sleep, are worse instead of better for it.

Although partly unconscious, they are physically extremely sensitive to external impressions, especially pressure over the ovaries, and to tightness of clothes about the neck.

The causes for the Lachesis condition are hemorrhages, either at the time of puberty, at the climacteric period,

* Talcott's Mental Diseases, page 275.

puerperal hemorrhages, etc. ; also typhoid and other septic conditions.

The **auxiliary treatment** should be pure, fresh air and water ; and a forced liquid diet like that given Arsenicum. For the Lachesis patients alternate the fruit juices, especially the unfermented grape juice, with the hot soups and other diet as for Arsenicum patients.

Lachesis should never be given in the dilution, always in the trituration. The exception being the 1000th. I have used the 30th in 80 per cent. of all cases and the 12th for most of the others.

It will be profitable to make a comparison between the results obtained from the remedies given under the simple and muttering forms of delirium.

Those of the first division have cured 95 per cent. of the cases I have used it in. Those of the second class have cured about 15 per cent. ; have relieved the suffering and prolonged the lives of about 70 per cent. ; have simply relieved from suffering 5 per cent. ; and have failed completely in about 10 per cent. These figures, although only approximately correct, may help us in our prognosis, a very important matter not only to the patient but often more important to his friends—his heirs.

DELIRIUM TREMENS.

This is another form of delirium which fortunately is not as frequent as it was. The mind certainly does not function normally in this form.

There are three remedies which will cover the majority of these cases :

Actea rac.—The patient suffering the Actea delirium *sees all sorts of objects of various colors and many forms ; rats, snakes, lions, bugs, flies, etc.* The patient is as loquacious as is the Lachesis patient and is constantly

changing from one subject to another. His moods also change; now in the depths, then on the mountain tops. *Restlessness and sleeplessness are marked; often irritable; and sometimes vicious.*

Useful for both men and women. A homeopathic physician came to consult me about his brother who was suffering from the condition. The symptoms were nearly all those of the above group. He had often threatened his wife and once had attempted to kill her. When *Actea* was suggested the doctor retorted, "*Actea!* that's a woman's remedy." Dewey, in his *Homeopathic Therapeutics*, gives the same impression as do most of our authors. However, *Actea* has benefited more patients for me than any other remedy. The 3rd is the best potency. The patient referred to above was so helped by its use that he was able to break away from his habit of taking large doses of morphine which he had used for years but which had finally seemed to have lost its effect.

The injudicious use of morphine for delirium tremens is as injurious and reprehensible as is the same use of the bromides in epilepsy.

Stramonium patients are also *loquacious*. They *talk to their pals* who are not present, to the *spirits* of their departed chums; they pray; more often curse and swear; they also *see all sorts of objects*, ghosts, etc.; and *hear voices*. One patient was sure he heard his dead wife telling him not to go down the stairs because he had grown so big he would break down the stairs and also his neck. Because of this he did not leave his room for nearly three weeks. For further indications, see *Stramonium* under simple delirium.

Nux vom.—This remedy does not so radically change the normal function of the brain as do *Actea* and *Stramonium*. The *Nux* patient is made *cross, irritable, ugly*,

contemptible, by the use of alcohol (delirium tremens) but I have never seen one who ever attempted to kill his friend or family except when drunk, never during an attack of tremens. I have never known Nux to help a patient who was cheerful, who laughed, talked cheerfully, or was an optimist. They were always depressed and pessimistic.

Sleeplessness or unrefreshing sleep with constant startings and frightful dreams. In a small per cent. of Nux cases we have loss of consciousness.

In addition to these three remedies I have been obliged to use **Arsenicum alb.** for debilitated cachectic patients with a desire to hide; dry, red tongue; thirst; nausea and vomiting; dark green watery stools, and the peculiar sleep of Arsenicum.

China also for great debility, marked anemia, lenteric stools, loss of appetite, but an irritable desire to sleep after eating, alternating with sleeplessness, due to ideas crowding too rapidly on each other. Do not use China too low or continue it too long. Talcott¹ says of it, under the heading Mind: "Cinchona, if unwisely used, may become as dangerous in its effects as the excessive use of alcoholic stimulants." Professor W. H. Dickinson's first two sentences under the symptomatology of delirium are "*Sleeplessness is usually the precursory symptom of an attack. The patient for several days finds himself unable to gain any sleep or has snatches of restless, unrefreshing slumber, disturbed by frightful dreams and visions.*"²

Taking the sleep symptoms as ranking, determining, I have used *Belladonna*, *Coffea*, and *Cannabis Indica* with

¹ Mental Diseases, page 291.

² Dickinson's Practice, page 334.

success in a few cases. For their indications for sleep see under insomnia.

Auxiliary Treatment.—The first and most important is constant supervision. Especially is this true of the simple variety. I have known of four cases of death resulting from the patients jumping out of the windows of three hospitals. In one case the nurse was in the room; in the other two, had left the room, and in the fourth case the nurse had “just dozed off,” supposing the patient was asleep from a dose of morphine. The nurse in the last case is an inmate in an insane hospital as the result of the incident. Aside from these I have known of several patients injuring themselves or others during an attack.

The second most important help is to equalize the circulation. This is usually done by the application of water, either hot or cold. From a record of over 300 cases I have been led to prefer hot to cold, also the higher the temperature, the hotter should be the water. An illustration is the case of priapism treated by Cantharis. Most of the cases under observation did better from applying moist heat to the head (cloths of hot water) and dry heat (salt bags, sand bags or hot flat-irons) to the feet. Frequent sponging when the temperature is high.

The food should be liquid, bland and non-stimulating, *e.g.*, buttermilk, skimmed milk, also the malted milks, gruels and fruits. Meat should be cut out, also beef tea and broths. Fruits and fruit juices should be used sparingly in the “simple” cases, but pushed in the “muttering.” I have known two cases of delirium tremens helped by the use of wine. One of them used it for some time after the attacks of “tremens,” and was cured of the craving for alcohol. This man made up his mind that he could lose his desire for whisky, gin, etc., by taking a little wine instead, and then he could drop the wine,

which he had no craving for. On this point, see what Albert E. Wiggam says in the December, 1927, number of *Good Housekeeping*, page 25. Get your tremens patients to do some "right thinking."

Hot food, as well as dry and moist heat, is very important for the "low muttering" delirium patient. The hot food should be stimulating, tissue building, given at short intervals, say three hours.

DISORDER OF PERCEPTION.

Illusions, Delusions, Hallucinations and Apprehensions are abnormal mental conditions often met by the general practitioner. For that reason we will give them a brief consideration.

Illusion.—"A mistaken perception" is the comprehensive definition given us by Lilienthal and Talcott. To a person suffering from illusion some object is in the field of vision; he sees something but it is different from what he imagines; he hears something, a dinner bell may seem the rumbling of a street car, etc.

Hallucination.—The person suffering from hallucinations imagines he sees things which are not in his field of vision; he sees an angry bull where there is none; he hears all sorts of noises when there are none, etc. Sometimes the victim knows his mental eye is abnormal.*

Apprehension.—The victim fears that under certain conditions evil or harm will result. *Illustrations.*—A well educated, apparently healthy man, aged 36, principal of one of our high schools, came to me with the following: "Ever since I had that nervous form of grippe in 1890 I have been afraid to use my razor to shave (he formerly shaved himself), because something is constantly urging me to cut my throat with it. I then went

* See Stramonium case under delirium.

to the barber shop but even there something kept saying 'grab it out of his hand and do it.' So I grew a beard. Later I was afraid to carry a knife in my pocket; and now as I sit at table for my meals I have the same urge to use my fork."

A complete examination found everything normal except that there was insomnia now and then for a night or two when he worried as to what he had better do with this teacher or that pupil. As an answer to his question, "What's the matter with me?" I coined for him the phrase, "An apprehensive neurosis," and assured him that a remedy would restore him to normal. *Spigelia* 30th cured him. Six weeks after beginning it he resumed shaving himself. *Spigelia* was selected on the three following symptoms: *Severe ciliary neuralgia and ptosis during his attack of grippe.* The neuralgic pains were *sharp, sticking,* and greatly aggravated by moving the eyes without moving the head. The third symptom was "afraid of sharp and pointed instruments." The last was the determining symptom, notwithstanding the fact that I could never find it marked in the provings. Clinically I have seen it verified many times. The first was when it was given a woman, a dressmaker, referred to T. F. Allen by Lilienthal. She was not only afraid she would use her scissors on herself, but that she would swallow pins which she was in habit of keeping in her mouth during "basting." She had neuralgia of the left eye, arm and chest. Professor Allen remarked while discussing the case that he did not rely on the symptom of the provers but on the results he had secured in many cases.

Case II.—The principal told one of his teachers about his case and she came for help for her niece and herself. Her niece was a dressmaker, anemic and neurotic. Her

case was similar to Allen's and was cured by Spigelia and change in diet.

The teacher was also anemic and neurotic, but her case differed in that she was afraid she would throw herself out of the window or down from the stair landing to the cement floor below. I had had two similar cases, one of whom Spigelia had cured promptly and permanently; on the other it failed completely after a long and faithful trial.

The teacher was given Spigelia 30th out of the same bottle as that given her niece and was ordered to take it as her niece did. The teacher's first report was: "It helps niece but does not phase me." The second report was: "Niece is nearly O. K.; with me, nothing doing."

The third report was: "Niece is cured, but I'm no better; have given up." After much urging she decided to try Borax. She took it in the 6th trit., five grains night and morning. On this she made a complete recovery. Spigelia, in all potencies, also Borax were both tried and both failed on a patient who would not cross the street in front of a trolley car or even an auto because she was afraid she would throw herself under the wheels. She always had someone take her by the arm and help her across the streets.

Delusions.—Returning now to what probably should have been considered first; as it includes some, if not all, of the three preceding conditions, let us take up delusions as we have the other divisions.

Definition.—Here again I will use the words of Professor Talcott because they are clear and comprehensive. "**A delusion is a false belief.**"* He then adds, "There are both *sane* and *insane* delusions. A sane delusion is a false belief which comes as the result of im-

* Mental Diseases, page 77.

perfect education. An insane delusion is a false belief which is independent of education or teaching, and it springs from a *diseased* condition of the *brain*."

Persons with sane delusions are usually children or other innocents who will gradually outgrow their false beliefs, either with or without help from others.

Let us, therefore, study "*insane*" delusions.

Etiology.—A glance at our definition will convince anyone that the causes are many and varied, *i.e.*, anything which will produce a "diseased" brain.

Pathology.—This depends upon the etiology.

Prognosis.—This depends upon the pathology.

Diagnosis.—The symptomatology is complex and difficult. What may take a ranking place in the group of symptoms of one patient may be of little determinative value in the group of another. As intimated above, the abnormalities may be those of the eye, ear, nose, etc.; also loss of sleep, of appetite, of self-respect; or a marked increase or improvement of all; fear of imaginary or real objects or conditions is frequent; disgust of self or others, with suicidal or homicidal tendencies, are not infrequent; with the last class contrast the rich, self-conceited, independent victim.

Treatment.—The place to keep and treat the great majority of such patients is in properly manned and equipped institutions, either private or state.

HOMEOPATHIC THERAPY.

In addition to the two mentioned above, the remedies I have used are Belladonna, Hyoscyamus, Stramonium, Arsenicum alb., Sepia, Platina and Argentum nit.

Belladonna patients will not injure themselves or others unless they think they are acting in self-defense. I remember a case of a strong, young boy of 15, brutally

attacking his mother who was trying to keep him in bed till I came. He did not recognize that it was his mother, but he had the idea I was coming to kill him and he was fighting to get away before I came. The boy had scarlet fever, with a temperature of 104.8. I never knew a Belladonna patient without fever.

Hyoscyamus patients rarely have fever during the period of their delusions. They will kill any supposed enemy because of jealousy, deliberately plan to poison their husband or his female friends. To complete the group for this condition, in addition to the peculiar delusional symptom of each individual, use the symptoms given for each remedy under delirium, acute and chronic; paranoia; hypochondriasis; and melancholia.

We stated that the majority of such patients should be sent to an institution. As a guide to the general practitioner, especially the younger ones, I will quote Talcott again.

“Sanitariums.—When the interests of the patient, or the highest interests of the friends demand that the insane person should be removed from home, then the next question to decide is: Where shall he go? If he is blest with the luxury of wealth, he may be sent to a sanitarium, if a suitable one can be discovered. Great care should be used in the selection of a sanitarium. The welfare of the patient will depend upon the nature and character of the man in charge of such a place. If the spirit of avarice holds sway, then it is likely that the patient will get but small return for a large outlay. Private sanitariums should be carefully inspected by public officials in such a way as to promote the interests of the patients, and in such a manner as to accomplish fair and just results between man and man. Sanitariums have their advantages. By going to such a place the insane man is enabled, often-

times, to hide his disease, and consequently his fancied disgrace, from his neighbors. If he can go to a sanitarium and get well, he returns to his home and the community where he formerly lived, and immediately takes his old place in good and regular standing. He has simply been absent from home to recuperate from nervous prostration.

"State Hospitals.—When the resources of the home and of the sanitarium have failed, or when the financial ability of the patient can no longer meet the strain of either home or sanitarium care, then a public hospital that is free to the poor, and moderate in its charges to those who have a little money left, may be secured. To this end, the State hospitals have been established.

"When a patient is sent to a State hospital the method should be straightforward and honest. If able to comprehend anything, he should be frankly told that he is suffering from mental disturbance, and that his friends propose taking him to an institution for treatment. He may object, but his scruples may often be overcome by kindly reasoning. If that is of no avail, then force, rather than deception, should be resorted to. Everything pertaining to his removal should be conducted in a prompt and orderly manner after a preconceived plan." *

Attention to such details is of the utmost importance, both to the patient and to the public.

DEMENTIA PRECOX.

Synonym.—Schizophrenia.

Definition.—"A psychosis essentially of the period of puberty and adolescence characterized by mental deterioration tending to progress, though frequently interrupted

* Mental Diseases, page 212.

by remissions." * If we go to such writers as Smith, Eli Jelliffe and Adolph Meyer, who wrote twenty years before White, we find but little said about the condition. Anders does not mention it in his Practice, nor does Talcott in his Mental Therapeutics. Neither O'Connor nor Wilson mention it in their books as a neurosis. Hence, we accept White's as the best definition we have, but it is not very satisfactory for the general practitioner. The fact that, after stating the condition to be one of youth, these authors go on and give a differential diagnosis between the "catatonic stupor" of dementia precox and the "dream state" of hysteria, only adds to the difficulty. For Jelliffe adds, "The foolish conduct, negativisms, catalepsy, amnesia, grimaces, analgesias, etc., are common to both." Another author states that dementia precox makes a very different impression upon one than do mania, amentia, paranoia, melancholia. He says we can put ourselves in the position of patients suffering from the latter conditions, but that the awkward, constrained attitude of the precox patients "makes us feel quite out of touch with them; they seem unnatural, their acts are unpsychological, to coin an expression." In a further attempt to enlighten us who have not a profound knowledge of or experience with patients suffering with precox, White divides it into five classes, *viz.*, (1) Simplex or Heboidphrenia, (2) Hebophrenia, (3) Catatonia, (4) Paranoid Forms, (5) Mixed Forms. We will return to these when giving the symptomatology.

Etiology.—Heredity. As this is essentially a disease of childhood it seems to me that heredity should be the most prominent cause, but just what the tendency is that we inherit is not easy to determine in most cases and in some does not appear as a cause.

* White's Outlines of Psychiatry, page 171.

In some cases the most exhaustive search by competent psychiatrists has failed to find any taint in the ancestors. On the other hand, in some large institutions over 90 per cent. have shown family traits.

Syphilis.—The effects of this common disease on the parents is often stressed as a cause.

Alcoholism has been found to be the most frequent curse which the parents have handed down in the form of precox.

Puberty.—The changes taking place at this time are not only a direct cause, but may develop the latent tendencies to the condition.

Shocks, both physical and mental, especially the latter, like fright, worry, strong passions, love or hate; disturbance of metabolism; *disfunctioning of the endocrine glands*; infections and poisons are also included in the list of causes.

Pathology.—Nothing definite. From the multitude of causes assigned and the still greater number of symptoms produced, it is easy to see why any one or even two or three changes in structure of the brain tissue are not universally found. Deterioration of the brain is not definite. By it, some refer to brain tissue, others to brain products, *i.e.*, mental conditions. On this last point White has the following: "From the discussion of dementia precox up to this point it will be seen that it has certain similarities to the organic brain diseases like paresis on the one hand and to the more purely functional disorders such as hysteria on the other hand. It would seem to stand midway between the so-called organic and psychogenic psychoses.

It is allied to paresis, for example, on the anatomical side by its pathology—the degenerations—and on its clinical side by the underlying progressive deterioration

upon which as a basis all manner of psychotic symptoms may be erected." *

Diagnosis.—*Difficult*, even when confining ourselves to the dementia precox as applied to adolescence and youths it is far from easy except to the expert psychiatrists.

When one tries to differentiate it from paresis; hysteria; alcoholic, epileptic, catatonic, masturbatic, organic and senile dementia, one finds himself in a wilderness, a swamp, yes, even on a bog.

Prognosis should always be guarded. The outcome will depend upon the ability of the physician; the ability and willingness of the parents or others to co-operate and whether the condition is recent (acute) or of long standing (chronic).

Symptomatology.—The list of symptoms is a formidable one; not only that but the symptoms are hard to analyze, to group, to rank. Those of the *simple variety* are first; indifference, lack of interest in things and persons; neglect of his work, mental (studies) or physical (ordinary duties); tired or even disgusted with what formerly interested him; insomnia; delusions; illusions; attacks of hysteria; irritability; excitability; morose; or hilarious; in short, a general **inability to adapt himself to his surroundings**. This form may have a long prodromal stage, and, even after the first symptoms are detected, the patients must be under careful and continuous observation before one can say positively that the patient has dementia precox.

Hebophrenia.—This form has a shorter prodrome. There may have been many of the symptoms of the simple form, but for a short time only. In this form hallucinations and delusions are much more pronounced

* White's Outlines of Psychiatry, page 201.

and they are usually disagreeable. The patient hears all sorts of mean, insulting words or sees all sorts of disagreeable objects and persons, that he would demolish if he could. While in this condition the patient may attempt suicide or homicide. In this stage the patient may curse or pray, laugh or cry, eat anything and everything, or refuse to eat at all.

Catatonia.—This form may have a history of a long prodromal and slow developmental stage with any or all of the symptoms of the two former stages. Then, suddenly, from some severe mental shock or some violent acute disease which has rapidly exhausted the vitality, *stupor* suddenly becomes the ranking symptom. The stupor may alternate with excitement in a few cases, but usually stupor with muscular tension, no motion even as reaction to stimuli. The muscles may assume any form during the tension: grimaces, scowling, one eye open, the other shut, etc. Again in a few cases we may have the opposite of all this, *viz.*, the muscles are very flabby, so that the leg may flop over and out of bed, the entire body be limp; instead of paying no attention to what is said, the patient may be all attention and seems to do everything he is told to do almost automatically.

Paranoid form.—This form seems to have been created for the purpose of crowding into dementia precox obscure cases of paranoia, hysteria and other forms of dementia.

Mixed forms.—This is hash made from what is left over when using the other four forms and from adding, for seasoning, a few new ingredients. The individual elements of the mixture are usually clearly discernible. This form is the dish which the specialists most frequently serve to us poor, hungry, family physicians, craving something fresh, pure, practical, satisfying to our desire to know what we are dealing with.

HOMEOPATHIC THERAPY.

In my private practice I have never treated a patient whose condition had been positively diagnosed dementia precox; the only cases I have seen which had been thus diagnosed by experts were in private or state institutions. On the other hand, I have treated several patients that had the groups of symptoms similar to those given above and diagnosed dementia precox. I prescribed for the patients on their symptoms and I am glad to be able to say that when it comes to giving the treatment for dementia precox and similar conditions the writers of the dominant school, especially the younger ones, use such terms as "Treat according to symptoms;" "is purely symptomatic;" or "the treatment *must* * be entirely symptomatic;" glad because such statements make me feel that I am not only regular but up-to-date in my prescribing.

The remedies are as follows:

Nux vom. leads for this condition as for many others. The mental symptoms of this remedy are *oversensitive-ness to external impressions; disposition to find fault with everything and everybody; extreme sensitiveness to the words and attention of others; inclination to kill his best friends; would commit suicide but is too cowardly to do so; very irritable; quarrelsome; vindictive.* All the above are aggravated by noise; or loss of sleep, the latter of which is due to mental activity. The Nux patient is weak mentally, the result of masturbation, of gastric and abdominal disorders, such as nausea, vomiting, constipation. Many of these conditions are found in children and youths, inherited from parents who were alcoholics. Use any potency from the tincture to the 1000th.

* Italics ours.

Nux vom. properly administered has sweetened the stomach and thereby the disposition; has activated the function of the sluggish bowels and thereby that of the sluggish brain; has allayed the irritable muscles (spasms) and the irritable mind, etc., of many children and young people; and by so doing has prevented the development of many cases of dementia precox.

Mercurius.—*Complete loss of sense of all decency; "filthy in body and grovelling mentality;" great weakness of memory; impaired vision, causing him to become uncertain in his movements, also suspicious and distrustful of those about him; a sluggish condition of digestive organs, causing foul breath, heavy coated tongue, profuse ptyalism.* The sluggish condition causes a diarrhetic stool with urging, differing from Nux which has a hard, dry stool.

Modalities.—Pains and restlessness, worse at night and during damp, cold weather.

Mercurius is best adapted to children who have inherited syphilis directly or a tendency to physical and mental weaknesses from syphilitic parents. Talcott very forcibly and frankly suggests the cause as follows: "It is a drug whose general action covers those mental states which naturally follow disorganization of the physical system by diseases which are the result of exposure to the worst types of both weather and women."

I use both the 3rd and 30th and continue its use for a comparatively long time.

Lycopodium.—As the result of disturbances of the alimentary canal the Lycopodium child becomes weak, both mentally and physically.

The symptoms are: *Great depression of spirits; sad; despondent; worry about his salvation, about being able to perform his duties, about passing his examinations; he*

may be fretful, irritable, morose, or he may be very vehement and angry if crossed in any of his wishes or desires. The physical symptoms are: *Constipation; eructations of sour food or fluids; flatulency and distention of abdomen*; emaciation and anemia; night sweats. In the majority of cases of boys we have dysuria. I use the 30th and 1000th.

Ignatia.—Extreme mental sensitiveness is the keynote of this remedy. **Grief**, “which the patients hug to themselves,” is the *ranking symptom*; grief from loss of a friend, a pet, a position; grief from being scolded or reproached; grief because their efforts are not appreciated and praised; grief especially from being punished in any way before others. The child is timid, fearful, quiet, sad, irresolute. The Ignatia patients insist on keeping their feelings to themselves. They brood or rejoice over them by day and dream about them at night. The sleep is usually light and unrefreshing.

The *causes* of the above symptoms are, 1st, *disappointment* in their love affairs, such as is commonly called “puppy love” for another child, disappointment in their desires and ambitions; 2nd, the *inheritance* of a weak, unstable, neurotic constitution.

The 30th has seemed to secure the best results.

Calcarea carb. is the leading remedy when the patients have inherited or acquired both mental and physical defects. There is generally *slow or complete lack of development of brain or other organs*. **Forgetfulness** is the ranking symptom; slowness in, or *inability to acquire knowledge* is the second in rank; fear and slight anxiety about many things, mostly imaginary, is the third mental symptom of the group. The physical make-up and conditions are almost as important as the

mental. Both are so well known that they need not be repeated. Use the 3rd and 30th.

Staphisagria.—**Sheepishness** is the *ranking symptom*. I have coined this word by putting together the words, shame, disgust, humiliation, despair, shyness, and the desire for solitude, with strong objection to seeing or talking with anybody. This last condition especially applies to those of the opposite sex. For further illustration of my meaning, see case recorded under hypochondriasis. For the other symptoms we give: Uneasy, restless sleep, full of amorous dreams and seminal pollutions; irritation of the prostatic urethra with frequent urination; lazy, tired, weak, physically as well as mentally. Masturbation has been the cause in all cases which this remedy has helped. Give the 3rd.

Chamomilla.—*Sensitiveness* is the leading sensation of Chamomilla. The sensitiveness is more physical than mental; *cross*, as well as sensitive (Nux is more cross but less sensitive); *irritable*, *peevish*, very *easily angered* and suffers profoundly as the result. The two chief causes are dentition, both first and second; and improper diet resulting in diarrhea, nausea and vomiting. The 30th is the best potency to be given during the attacks only.

Auxiliary Treatment.—This is as important, if not more so, than the drug therapy. A close study of the latter will show that the remedies given were those we homeopaths most frequently use to overcome both mental and physical defects, whether inherited or acquired by aged patients, babes and youths. Of equal importance is the co-operation of parents, attendants or teachers in public schools or special state schools. To secure the co-operation of the above is absolutely essential to success. Oh! but how hard to secure this! In spite of our

parent's associations, our training schools for nurses, special schools for the "feeble minded," etc., it is almost impossible to get willing, intelligent, conscientious, continued co-operation.

Well do I remember the remarks of two mothers; one a well educated mother. She had been told to read, to her five-year-old son, funny stories and to tell him that they were stories to make him laugh; also gloomy, pathetic stories to make him weep, and by so doing train him, educate him, correct his distorted perceptions. This was to be done regularly and systematically twice daily in the afternoon and evening. Her reply was: "Doctor, where could I find time to attend my clubs and go to the theater? I can't give them up." The other was a hard-working wife of a day laborer, mother of five children. Her reply: "I'll do it, doctor, I'll let other things go and do that." A month later, when asked how they were getting along, she replied, "Oh, I don't know. He does not seem to take it in. I read to him in the P. M. the 'Passing Show' and in the evening the murder reports of our daily newspaper, but he can't see the fun in the one or the sorrow in the other." One could, but would not; the other would, but could not. How hard it is, even in these days when our health journals tell us just what we should eat and drink, to get the parents to follow these directions. We ban all starch or foods which make starch and sugar; we order cereals and spinach to obtain iron, or fish and fruit to secure and to supply phosphorus; or peas for the nitrogen they contain. Advise some *one*, prohibit the others.

Then we happen to call at dinner time and observe that the patient is partaking of a "boiled New England dinner." On his plate are carrots, cabbage, spinach, peas, potatoes, and dumplings, made from "nice, white wheat

flour." The salad contains fish, peas and lettuce. The mother added, after showing her list: "You see, he has no bread, cookies, pie, or sugar. He is very fond of dumplings and makes most of his meal on them and peas."

So much for the home. I am not sufficiently acquainted with our schools and asylums to judge. That they are doing much better work in training than they did twenty or ten years ago is apparent from their results.

To be a little more specific. Take a child with one or more undeveloped cells or center of cells. First, see to it that the cell or cells are properly nourished, that the brain is neither anemic nor hyperemic enough to prevent complete or partial growth in function. Much can be done with drug therapy, and also diet. After the cell has been brought to a proper condition to function, then suitable exercise should be given. By general and special training of the ear, the eye, the vocal cords, the efferent nerve centers for locomotion, a surprising amount of improvement results. If there has been development of some cell or center, but that improvement lost, then we may hope that there are still cells or some center of cells remaining which may be developed by such exercise and training as suggested above. Another, and I think the greatest help, in treating children with a tendency to dementia precox, is to make the child familiar with the function of every organ of the body. This is most especially true of the sexual organs. Woes, sorrows, and curses are the lot of fathers and mothers who fail in this most important duty.

Many a girl reaches the age of puberty and does some act at that time whose results follow her all the days of her life, because her mother was a prude, a fool or a knave, and therefore failed to instruct her daughter. Many

a boy and girl has become a dementia precox victim because they were never taught to keep the genital organs clean and healthy, free from irritation. In addition to irritation of a tight or adherent foreskin or a hooded clitoris or from lack of cleanliness, these organs are often irritated and excited by improper diet, too stimulating foods and drinks; also by lack of restful sleep.

Would that every physician who reads the above would burn these truths into the brain of the fathers and mothers of their families.

CHOREA.

Synonyms.—St. Vitus's or St. Anthony's dance; Sydenham's chorea.

Definition.—A condition which our professor of nervous and mental diseases named "Insanity of the Muscles." Involuntary movements of any or all muscles of the body are the pathognomonic symptoms. Although there are several forms we will consider only two, simple and chronic progressive.

Etiology of Simple Chorea.—The predisposing causes are the neurotic temperament, either congenital or acquired; improper diet; unsanitary conditions; and wasting or debilitating diseases. It often follows acute diseases, especially *rheumatism*.

Exciting Causes.—It is frequently the result of imitation or habit. I remember when a child that a stammerer came to our home, the first many of a group of us children had ever heard. As a result a neighbor's boy who was present stammered for over three months before he forgot it. Puberty and pregnancy are two periods when it is most frequent. Females are affected more than males; children more than adults. Reflex irritations of all kinds cause a large majority of cases. This is espe-

cially true of irritation from eyes and genital organs. Digestive irritation is the exciting cause in a few cases. Climate and the seasons of the year also seem to have their effect. The patients are worse during the fall and spring months.

Pathology.—Nothing definite by way of lesion has been ascribed to this disease. That it is the action of some bacterial poison upon the brain cortex causing more or less hyperemia, small hemorrhages and areas of softening, also infiltration of the perivascular spaces with round cells, is the opinion advanced by some pathologists. In the cases in which there is an association of acute articular rheumatism, the lesions of that affection may be found. This is in from twenty to thirty per cent. of all cases.

Symptoms.—The symptoms in the mild cases usually develop slowly except those caused by excitement, or those of the imitation form as stated above. The patient appears to be *awkward, careless*, then sudden *twitchings of the muscles* occur. *These motions cannot be controlled. They are aggravated when the patient attempts any motion.* In the mild form, the movements cease during sleep. There is a pseudo-loss of power causing the patient to drop whatever he may be handling. A careful testing of muscular power, however, will show that it is not abnormal.

The symptoms of the severe form may develop in all their intensity at once, or may gradually develop from the mild form. In this form symptoms increase in severity so that *it is with difficulty that the patients can sit, lie in bed, eat, breathe, dress themselves, walk or even speak clearly.* The disturbance of speech is usually due to irregularity of the respiratory organs. In the severe variety the choreic movements may continue during sleep.

This severe form sometimes terminates in what some authors call *malignant chorea*, in which we have *loss of sleep, loss of weight, delirium, delusions, hallucinations*, and even *maniacal outbreaks*. The temperature may reach 104 or 105 and death follows. These cases are more prone to occur in adults than children.

HOMEOPATHIC THERAPY.

Actea rac.—When we remember that this remedy has an especial *affinity for the belly of muscles*; that it *affects females more than males*; that it is most useful for patients at the *age of puberty and the menopause*; that its *symptoms* are those of *rheumatism and spinal irritation*, you will realize why it has taken first place in the list of remedies for chorea. The mental symptoms, *viz.*, “*fear of going crazy*” and “*loquacity with frequently changing from one subject to another*” are of high rank in this group. I use the 3rd and 30th.

Arsenicum alb. is extensively used by all schools of medicine for this disease. The old school use it in the form known as Fowler’s Solution beginning with four or five drop doses and gradually increasing to the point of toleration. The album has been used more than any compound. *Irritability* is the *ranking symptom*, irritability resulting in *restlessness, weakness, and complete exhaustion*. The irritability is *both mental and physical*. The rapid and excessive prostration is always found with the spasms, twitching, jerking. The aggravations are: After exertion, after midnight and from cold. The ameliorations are: Rest and heat. Use any potency.

Cowperthwaite recommends **Ferrum arsenicosum** as his first choice. He used the first. I have used the Ferrum instead of Arsen. album in a few cases, taking the *anemia* as my guide, the *color of the mucous mem-*

brane, the red blood count, and the *anemic murmur* of the jugular vein, making the three symptoms. I use the thirtieth.

Stramonium is indicated in the severe form. I will quote Professor Dickinson's case as an illustration: "Miss C., aged thirteen, of sanguine nervous temperament, had never menstruated. I first saw the patient in the third week of the attack. On entering the room I found the patient lying on the bed and held there by her father. He informed me that for the past three days it had been necessary to exercise constant supervision over her to prevent injury; that if left alone she would be thrown from the bed to the floor by sudden convulsive action of the muscles of the trunk. On seeing me she was violently convulsed. Every muscle of her body was in wild commotion. The arms and legs were thrown violently in every direction; the body twisted this side and that; the face horribly distorted from the irregular and rapid movements of the facial muscles; the tongue thrust suddenly and repeatedly from her mouth; the pupils dilated and the eyes staring. The symptoms for a short time became less violent, but were renewed on the patient being spoken to, or on her attempts to make any effort at drinking, speaking, or taking heed of any object.

She had no power of speech, and could only utter some inarticulate sounds. Deglutition was next to impossible. There was considerable emaciation from innutrition. At night there were only short periods of restless, unrefreshing sleep. The hips and elbows were red and excoriated from constant friction of the bed."

I cite this case because a few years later I was called to see her sister who was brought home from a summer resort suffering from nearly the same group of symptoms

which yielded to Stramonium 6th, in a short time, as had her sister's.

The Stramonium choreic group has been still more indelibly impressed on my mind by two cases of children poisoned by eating the seeds of Stramonium.

Other remedies frequently called for in the treatment of Chorea are: Ignatia 30th, Agaricus 6th, Zinc. phos. 3rd, Nux vom. 30th, Gelsemium 6th, Calcarea phos. 3rd, Kali phos. 3rd and the different preparations of Ferrum.

Auxiliary Treatment.—Hygienic and dietetic are the two forms of treatment which yield the best results. In these days of excesses of all kinds the patients and parents should be impressed with the fact that the duration of the present attack and the future welfare of the patient depend upon the avoidance of all nerve strain. All excesses as to school work, reading of exciting books, late hours, etc., should be most strictly avoided. Quiet, rest, and sleep are three important elements in the treatment of chorea. For the milder forms, rest need not mean confinement in bed, for a little well regulated exercise is often beneficial. In the severe forms, however, rest in bed is essential. Plenty of fresh air in the sick room is advisable. Change of climate is also necessary in some cases. Dress is important, especially for cases complicated with rheumatism. Flannel underwear during the fall and spring season is desirable.

Finally the Diet: Your remedies for anemia should be supplemented by a diet rich in iron and phosphorus. Fish, fruit, and vegetables are preferable in most cases. All food should be prepared to make it as concentrated and nourishing as possible. In addition the condition of the bowels should be taken into consideration in selecting and preparing the patient's food. Elimination should be as nearly perfect as possible.

HUNTINGTON'S CHOREA.

Definition.—This is an hereditary form of chronic progressive chorea. It usually affects many members of the same family, developing during the ages between twenty-five and thirty-five.

Etiology is stated in the definition. The cause is heredity. One peculiarity is that offspring of parents that escape are usually immune. Hence the importance of preventing the disease if possible. As it is a disease which alternates with or is associated with epilepsy, idiocy, or one of the various degenerative diseases, the etiology is not always clear.

Pathology.—Of this Facklan says: "The changes found consist of chronic pacy- and lepto-meningitis; chronic hemorrhagic encephalitis, characterized by round cell infiltration of the cortex; degeneration of the ganglion cells, proliferation of the neuroglia, sclerosis of the blood vessels with dilation of the perivascular and lymph spaces and numerous hemorrhagic foci."

Huntington's chorea has been localized in the neostriatum. However, changes are often found in the cortex, in the superior cerebellar peduncles, and in other organs of the brain.*

Symptoms.—The chorea attacks in this form usually commence insidiously. In the majority of cases the movements can be controlled by the will and cease during sleep. They appear first in one set of muscles and from them invade the other parts of the body. Speech is often affected, being mumbling and indistinct. The mental symptoms are those of progressive dementia, *i.e.*, irritability, delusions, and weakening of the intellectual powers.

* Curschmann's Clinical Neuralgia, page 211.

Diagnosis.—The only disease it is liable to be mistaken for is dementia, which in the majority of cases lacks the element of heredity.

Prognosis.—As to life, favorable; as to cure or recovery, unfavorable. The disease is steadily progressive but often permits the patient to attain old age.

Treatment.—This should be, for the most part, prophylactic, for the purpose of breaking the chain in one generation. Our aim should be to prevent the irritation from increasing to inflammation or tissue changes. To do this all excitement and injuries should be avoided and the elimination organs kept in good condition. Let the patient have plenty of sleep. Do not crowd the child with school work. Better have one member of the family deficient in ordinary knowledge than several generations suffer from this disease.

As to the drug therapy, *Scutellaria*, *Chamomilla*, *Kali phos.*, *Zinc phos.*, *Calcarea phos.*, are useful remedies for the child with weak, irritable nerves. The remedies given under neuritis are useful for the first stage, and those remedies used for degenerative diseases of the nerves, such as multiple sclerosis, should be used for the third stage. Auxiliary treatment should be that given for neuritis and multiple sclerosis.

EPILEPSY.

Definition.—“A condition characterized by attacks of unconsciousness, with or without convulsions. We are scarcely justified in speaking of epilepsy as a disease. Epilepsy is a symptom—of what? ¹ A chronic disorder of the nervous system characterized clinically by recurrent convulsions—associated with loss of consciousness ²

¹ Anders' Practice of Medicine, 1920.

² Bartlett's Practice of Medicine, 1924.

Genuine or idiopathic epilepsy—the epileptic disorder which occurs spontaneously on the basis of an unknown or idiopathic factor. It excludes various epileptoid phenomena, such as: (a) spasms due to suffocation, loss of blood, acid intoxication, auto-intoxication, as in uremia or the eclampsia of pregnancy, convulsions due to disorder of the endocrine apparatus, such as spasmophilia and tetany, etc.; (b) epileptoid reactions due to poisons taken into the body, to trauma, or to organic brain disease, such as encephalitis, tumor, syphilis, multiple sclerosis, pseudosclerosis, paresis, etc.”³

Etiology.—Predisposing cause is an inherited susceptible brain. Exciting causes are many and variable. Our experience shows emotional conditions to be the most frequent exciting cause of the first attack and errors in diet the second.

It has been proven that more than 50 per cent. of the cases rest on an inherited basis. We do not know, however, just how the parents transfer this instability of brain tissue to their offspring. Neither has it been clearly demonstrated in what respect the parents were defective. It has been pretty well established that nearly 10 per cent. of the children of epileptics suffer from epilepsy while less than 2 per cent. of the children of non-epileptics do so. Age plays an important part in the etiology. Our experience would put 12 to 18 as the age in a great majority of cases. We have had one case of a child under three, and only two patients over 45 years of age.

Symptomatology.—“Quite often the attack is preceded by a preliminary stage of aura. The aura may be sensory, motor, or mental. It may consist of a sensation of pressure on the chest or abdomen and a feeling of ascending numbness, paresthesias, definite impression of

³ Curschmann's Clinical Neurology, 1927.

odors or tastes, optic sensations such as seeing of colors as red flashes of light, or of hallucinatory figures; acoustic aura may consist of noise in the ears, as roaring, vertigo, and deafness. The motor aura is somewhat rare. More frequent are visceral auras as, for instance, vomiting, sweating and vasomotor prodromes. Mental auras are frequent and may be described as restlessness, excitability, anxiety, stupor, depression, etc. The aura lasts only a few seconds or at most a minute, but mental aura may be present for hours or even days. Occasionally the aura comprises the entire attack of epilepsy, and it may then be regarded as an epileptic *equivalent*.

The attack itself almost always begins suddenly and dramatically with a tonic spasm of the neck and the extremities. Sometimes there is opisthotonos. The fingers are clenched over the thumbs and the patient falls to the ground as though he had been sandbagged. The jaws are spasmodically closed and the tongue is often bitten. The diaphragm and the other muscles of respiration are in spasm and there is disturbance of breathing and cyanosis. The face is distorted, the eyeballs usually show spasms of convergence, the pupils at the beginning are small, but at the height of the attack are dilated and insensible to light. After a short tonic spasm the clonic spasms begin. The patient's hands, feet and head twitch and toss, and he often injures himself. He usually froths at the mouth, is in a cold sweat, and control of the bladder and bowel is apt to be lost. If the patient is examined at this time, there is likely to be unilateral or bilateral increase of the tendon reflexes with the extension sign of Babinski. In the typical attack of grand mal there is complete loss of consciousness. It is impossible to arouse the patient as is often possible in hysteria. The patient has no recollection of the attack, and usually his mind is blank for a short period of time preceding it.

After the attack the patient feels languid, tired, and "all in," and there is often a period of deep sleep. Violent headache is common. There may be long continued mental changes and post-convulsive twilight states. After a seizure the urine usually contains albumin and sometimes sugar but no casts. The amount is increased, specific gravity low, and the color pale.

The duration of the attack is almost always short. It consumes at most a few minutes. This stands in marked contrast with the long duration of an hysterical convulsion. Naturally status epilepticus, which is made up of a series of attacks, lasts a long time. Some patients have only a few seizures in many years, while others have several attacks a day. Probably the average is a convulsion every two or three weeks. Recurrences are fairly regular and in women may appear at the menstrual time. Some patients have only nocturnal attacks, and the condition may accidentally be discovered by the staining of the bed clothes with blood from the injury to the tongue, or by the loss of control of the bladder and bowel. It is interesting to note that the attacks often display a certain rhythm. It is true, too, that after long periods of freedom, the new seizure may be repeated on the same day."

We have quoted Curschmann for two reasons. First, because it agrees with our experience. Second, to be used as the basis for the selection of our remedy in each individual case.

Pathology.—For this form of epilepsy there is nothing definite to offer.

Prognosis.—Should be guarded. If it has been present in several generations of the parents, the prognosis is bad. If in individuals who have not the brain power or will to follow directions as to auxiliary treatment, it is also bad.

For those cases caused by bad habits, errors in diet and excesses, who are willing and able to follow directions, it is good.

HOMEOPATHIC THERAPY.

Treatment.—We must always determine and keep in mind what we wish and expect our remedies to accomplish. We have three objectives: 1st, to restore the patient to normal as quickly and safely as possible after an attack; 2nd, to so stabilize the brain and nervous system as to prevent a recurrence of the attacks; 3rd, to counteract the injuries caused by injudicious medication, especially of large doses of the bromides.

In the first class we will put Belladonna, Gelsemium, Glonoine, and Ferrum phos.

Belladonna.—For the *plethoric patients* with *flushed face, dilated pupils, rapid, bounding pulse, throbbing, beating pain in head, relieved by having head high and cold water applied, also heat to the feet. Suddenness of the attack* usually without aura and long period of unconsciousness. Give four or five doses every 15 or 30 minutes of the 30th, five drops at a dose, in water.

Ferrum phos. 30th for patients whose make-up is just the opposite of Belladonna, *i.e., anemic, weak, nervous; face very bright red, alternating with very pale; mucous membranes pale; pain in head same as that of Belladonna, but better from heat applied to head.* Give as directed for Belladonna for immediate results, but continue for an interval of weeks, giving five drops *t.i.d.* and a forced diet rich in iron and phosphorus.

Glonoine. *Case I.*—Miss Alice C., a student, aged 18, with a clean family history. *Personal History.*—Had measles, very severe, at 13. Matured at 14. Had an attack with the first and at nearly every other period

since. Menses were normal as to interval between, in duration, and amount of flow. No pain. Examination of the genitals showed nothing abnormal. Her story was as follows: "For from 36 to 48 hours a most *violent, pulsating, pressing headache, worse in a warm room and from anything warm about me, especially about the head.* I can feel my heart beat through every part of my body, even to my toes, but most in my head. Then a blank. I am unconscious from two to three hours. After coming to, the same headache except the heart beating in it keeps up from 24 to 36 hours. My face is pale and bright red by turns. The veins on my forehead are very prominent. Am neither thirsty nor hungry during these four or five days. Between times I am well and enjoy my university work." She was given Glonoine 6th with directions to take five discs (drops) every half hour when she first felt the pulsations, and take six doses. She was also given the 30th to be taken after she regained consciousness, five discs every three hours till she felt normal.

She reported three weeks later that the attack had been much lighter in every way. She was told to repeat at the next period but to wait till the symptoms (aura) appeared. She reported in four weeks, saying that there had been no need of taking the medicine. She was kept under observation for over two years. There had been no return.

Case II was brought to our clinic by *Case I*. The symptoms were very similar but the family history showed that the disease had existed in three generations with a probability of the fourth, this was not definitely proven. The same treatment was given as in *Case I* with the result that the attacks were lighter and the interval between them longer, but at the end of six years she continued to have them very lightly. She married, soon

became pregnant, but there were no attacks during gestation and nursing. The first attack after that event was at the fourth menstrual period, about twelve weeks after weaning the child. This patient was given Sulphur 1000th, one dose at a time between the Glonoine, but no effect was observable though she took it faithfully for over a year.

Gelsemium.—In 1895 we were called to deliver a woman at term. She was a large, light German, a stranger whom we had never treated. Labor was well advanced. A few minutes after I examined her there was a marked *stiffening of the entire body, a rolling of the eyes, followed by unconsciousness*. The husband, sitting by, remarked to the woman's mother who was acting as nurse, "My! One of her old spells." They then stated that she had had fits like this ever since she became a woman. They further stated that the "fits" did not come at every period and further that they did not come at any other time. There had been none during gestation. There were no signs of uremia. The child was delivered in about three hours, the woman still being unconscious. It was two hours later before she "waked up," as the mother called it. About 18 months after I was called again because she had had one of her old attacks but did not "wake up" as soon as she usually did. It had been about eight hours. I found a *flushed besotted face, pupils dilated, pulse 68, full, no fever*. Gave her five drops of Gelsemium 3rd in a little water, manipulating the muscles of deglutition till she swallowed it. She soon regained consciousness. The medicine was continued five drops *t.i.d.* till after the next period, which was without convulsions. There have been no attacks since.

The Bromides.—Ten patients have been injured by the use of the bromides to one benefited. There have

been no sadder sights in our experience than witnessing the combined effects of idiopathic epilepsy and the bromides. To note the mental deterioration which these two agents will produce is pitiable. We can hear the defenders and users of the bromides say, "You don't know how to use them." We plead guilty to the charge; and for that reason have never used nor recommended their use. And what is more, we learn from reading what the advocates of the bromides write and say, that their methods of administering them vary from time to time, and that their opinions of their results also change rather frequently.

Zinc. phos. 3rd is the best remedy we have for the *mental deterioration caused by epilepsy, of any variety*, in which the bromides have been used in large doses enough to suppress the attacks. For the indications let me quote the following: * Mr. A. J., aged 36, married, father of three children, farmer. He had been bright and normal till gored by a bull when, in addition to the shock of the encounter, he had lost a large amount of blood. Soon after attacks of epilepsy set in. They were severe and nearly always in the P. M. The attacks were suppressed by large amounts of bromides but *his mind began to deteriorate*. This was first noticed in his *inability to figure and make change*, then in *planning his work*, and finally *inability to do any work*. His wife led him into the clinic room by the hand. He took no note of anything. When asked a question he either paid no attention or slowly turned to his wife. He ate well, slept well, and the bowels were in fair condition. When asked about his sexual condition his wife said: "He has been no good since he was hurt." When we ordered the bromides discontinued the wife said: "If we do, he'll have

* Royal's Materia Medica, page 164.

the spell awfully." However, the bromides were discontinued and Zincum phos., 3rd, two grains night and morning, substituted. We cut all meat out of his diet, making it mostly fish, fruit and cereals. The wife reported in two weeks that he was having the attacks every day but that they had not been so severe for the past three days. No mental change. Two weeks later report was: "Attacks fewer and lighter and knows a little more." At the end of the second month there had been a little more improvement in the attacks and great improvement in his mental state. He could do a few chores now. We changed the potency to the 6th under which he continued to improve more rapidly. At the end of 18 months he was doing his work as before the injury. However, he still has two or three light attacks after intercourse. This was the only case where loss of blood was recorded as an etiological factor. I have always been in doubt as to which was the more important factor, the loss of blood, the fright, or the bromides. All I can say is that many cases of epilepsy have been helped and some cured by substituting Zincum phos. for the bromides or even when the attacks continued after the bromides had been discontinued. I have not cured many cases of grand mal, but Zincum, Phosphorus, and Lachesis have cured more for me than all the other remedies.

Bufo.—We have never seen any benefit from this remedy though we have seen it tried several times.

The other forms of epilepsy excluded by Curschmann may require other remedies according as the epileptiform convulsions occur in other groups of symptoms.*

Auxiliary Treatment.—There are few conditions for which the auxiliary treatment can assist our homeopathic remedies as much as in this.

* Royal's Theory and Practice.

Cut out all such stimulants as alcohol, tobacco, and coffee; all violent or mental exertion; meat should be used sparingly; overloading the stomach should be avoided; eating when tired should be prohibited; fruits and vegetables are best, with the cereals. Look after the sexual organs. Let us introduce one case which applied to three of the above statements. In 1897 a surgeon brought us a patient and the following written record of the case: "Wm. H., aged 18, undersized, dark, neurotic; from a highly neurotic family; a few cases of epilepsy among his forebears. He was sent to me by a physician to be circumcized because he has been an excessive masturbator for over three years. He had a long, adherent foreskin which I removed for him. I have given him Bufo because of peculiar violence of and movements during the attack, also Phosphorus and Picric acid. I have done him no good, so turn him over to you."

We learned: first, that the bromide of soda had been given him in large quantities. It would lengthen the interval between the attacks but when they did occur were very much more severe; second, that he was "an enormous eater" (this from his mother) and is always worse when he overloads his stomach.

From the boy's "sheepish" look and action, *i.e.*, looking about my office to see if doors and windows were all closed, and asking if we were all alone, he was given Staphisagria 3rd, five drops, *q.i.d.*, and his diet reduced to fruits, vegetables, cereals (including whole wheat bread) and milk. He gradually improved and at the end of eight months the attacks ceased. He had also given up masturbating. His mind not having improved as was expected, he was given two doses of Zinc. phos. 3rd, night and morning, one week in four. The result was quite perceptible after three months, and the Zinc. phos.

was discontinued. He continued to improve and was free from attacks for nearly six years, when, he, with a train load of excursionists, went to Washington, D. C. He walked in the procession for nearly an hour, was very tired and hungry. He ordered for his dinner a heavy meal of vegetables, including sweet corn on the cob. A few minutes after the meal he dropped on the sidewalk in a severe attack. He was put back upon the Zinc. phos. but neither that nor anything else did any good. Three years afterwards he went West to live with a brother whose physician gave heroic doses of the bromides. Two years ago we heard from the brother that the attacks grew worse and his mental condition had become so bad that he could not realize the calls of nature. He was in an insane asylum, not even able to recognize his own brother. One of the many sad cases we have observed.

HYDROPHOBIA.

Synonym.—Rabies.

This subject was treated in my Practice five years ago. As nothing new has developed since, I give a copy of what was written then.

Definition.—An infectious disease communicated to man, generally by a bite from some rabid animal, usually a dog.

Etiology.—The disease is of microbic origin, but the micro-organisms have not been positively identified. In the majority of cases the poison is transmitted by the bite of a dog, a cat or horse. The saliva of an infected human or other animal on an abraded surface may cause the disease. As only about 10 per cent. of persons bitten by rabid animals contract the disease, it would appear that in this disease, as in tetanus, a large per cent. are immune; in other words, there is a predisposing as well as an excit-

ing cause. Again, if the patient is bitten through the clothing, over 90 per cent. escape, showing that the clothing wipes the virus from the teeth. Not only has the poison been found in the saliva but in other secretions and even in the brain. Animals have been infected by injecting into their system the brain substance of an animal suffering from the disease.

Pathology.—The period of incubation varies from six weeks to four months or even more. There is nothing pathognomonic in the changes which take place in this disease. The mucous membrane of the pharynx, trachea, bronchi and lungs are congested and inflamed. We find in some cases congestion and even hemorrhages of the blood vessels of the cerebrospinal system, especially of the medulla and upper part of the spinal cord. This, however, is not always found.

Symptoms.—During the period of incubation lasting from three weeks to three months or even a year, depending upon the severity of the virus or the location of the bite, we have headache, variable appetite, melancholia, and apprehension of some impending trouble. The cicatrix usually becomes swollen, red, and there is itching and burning about the spot. The patient is extremely restless and easily excited. This condition may last from three to seven days and is called the first stage. The appearance of spasmodic contractions of the larynx on attempting deglutition ushers in the second stage. These attacks occur at intervals, and are greatly aggravated by the sight of water or a sudden flash of light. The convulsions are very painful. The action of the muscles of the mouth and throat produces a peculiar noise which the friends imagine resembles the barking of a dog. There is more or less frothing of the mouth. During the paroxysms the patient is often delirious, at times a raving

maniac. Between the paroxysms the mind is usually clear, especially in the second stage. The first patient I ever saw insisted that he be kept tied because during the paroxysms he said he had a feeling as if he wanted to spring upon his attendants and injure them. He was perfectly rational between the paroxysms, at which time there was no desire to do anything unnatural. The temperature is usually somewhat elevated, from 99.5 to 102.5. The patient becomes rapidly exhausted and the profound prostration is shown by the weak, feeble, rapid pulse; profuse cold sweat; and weakness on attempting to move. This stage is as short as the stage of invasion is long, usually from two to three days with an average of about one and a half days. The third stage is that of paralysis. The paroxysms become less and less severe, the prostration more and more marked; the heart's action more and more feeble, the delirium during the paroxysms becomes more mild, a mere muttering, and continues during the intervals. The patient finally becomes comatose and remains in that condition till death.

Diagnosis.—The above group of symptoms is peculiar and pathognomonic after the disease is fully developed. Tetanus has been mistaken for rabies, but the cause, some injury, and the fact that opisthotonos so frequent in tetanus does not occur in rabies will determine the case. Pseudohydrophobia sometimes called lyssophobia, may also simulate the general disease. In the family of the case referred to above was a very hysterical sister whose finger the patient caught between his teeth as she was wiping his lips. There was no abrasion of the skin and the sister washed in an antiseptic solution at once as she always did when caring for her brother, but about three weeks after she was taken with severe spasms of the muscles of the throat. She could not swallow and was

very restless and sensitive to all impressions, but there was no fever, no change in pulse, and no prostration, simply hysteria.

Prognosis.—This is always unfavorable, a little less so since the use of the antitoxin but even now the prognosis should be extremely guarded.

Treatment.—Prophylaxis is the treatment for rabies. This may be divided into two classes, one safe and sure, the other uncertain, often useless. The first is to either kill or muzzle all dogs, which I heartily recommend. The second is to get the poison out of the wound or system. This may be done by sucking the wound as soon as the patient has been bitten or incising and cauterizing the wound.

HOMEOPATHIC THERAPY.

There are only four remedies which have been of service in the treatment of this dire disease. They are the three sisters, Belladonna, Stramonium and Hyoscyamus; and Cantharis.

Cantharis.—The two sections of Cantharis furnished by the provers which present symptoms closely resembling those of hydrophobia are those of the mind and throat. In addition are the modalities which also apply to these parts. Under mind we have: "*Furious delirium; frenzy; excitement; furious paroxysms of rage; crying; barking; anxious restlessness ending in rage; acute mania, all aggravated by touching the larynx and drinking cold water.*" Under throat we have: "*Swallowing difficult; constriction with pain; burning; dryness.*" These are also aggravated by touching the larynx or throat or attempting deglutition. The heart is weak. The fever high. We have, however, only a few cases reported of Cantharis having relieved patients suffering from this disease.

Belladonna has a most violent delirium. The patient is furious; he *strikes, bites*, tries to escape, and if opposed *fights* like a demon. The *throat* is *dry, glazed, red* and painful. There are spasms of the muscles of the throat which with dryness make swallowing impossible. In the records of the provers and of those poisoned by the drug there were some cases in which there was a *sticky, frothy* mucus, although the mucous membrane as a whole was exceedingly dry. The aggravations from *touch*, from noise, from a jar, from a *bright light*, and from every attempt at deglutition are modalities of the drug which have been verified many times. Belladonna is useful only for the first stage. It has been used from the 1000th down to a 1-150th of a grain of Atropine.

In many respects **Stramonium** and Hyoscyamus resemble Belladonna. The aggravation of Stramonium from not only attempting to drink but even the sight of water is the characteristic symptom of this group. The delirium of Stramonium is that of the second stage of rabies, *i.e.*, a low, muttering delirium. The second important symptom is suppression of the urine. If I should ever be called to treat another case of rabies where the antitoxin has been used and failed, I would give Stramonium in ten drop doses of the tincture every fifteen minutes till I have produced its toxic effect. I consider Stramonium the nearest simillimum we have for hydrophobia.

Hyoscyamus for the *persistent insomnia and the constant choreic movements of the muscles of the throat*. This remedy has also been used high and low, from the 1000th to a 1-100th of a grain of Hyoscine.

Auxiliary Treatment.—While the antitoxin of Pasteur has been a disappointment, in this disease, it has nevertheless cured some cases and should be tried imme-

diately after the bite, and also after the first symptoms appear. It should be used in connection with one of the four remedies mentioned above. A darkened room, kept free from drafts of air and noise, should be provided. The patient should be kept as quiet as possible, not being permitted to get up and out of bed. After the first evidence of delirium he should be restrained. He should be nourished by rectum and his medicines given by hypodermic injection.

HYPOCHONDRIASIS.

From the time of Galen down to that of Willis, 1876, it was the belief of writers and practitioners that hypochondriasis was the result of some diseased viscera lying under the ziphoid cartilage and below the diaphragm. Galen and his disciples taught and believed that that organ was the liver which contained too much black bile.

Willis contended that the disease was a neurosis but gave the cause as impurity of the blood from the spleen.

In 1880 to '82 we were taught that the disease was a neurosis but that the cause was unknown. In 1883 Dickinson¹ defined it as "a disease of the nervous system, characterized by mental depression and a firm belief on the part of the patient that he is the victim of some bodily ailment," also "morbid anatomy reveals nothing which can throw any light upon the nature of the disease."

In 1923 W. A. White claimed that the condition was only a symptom which may appear in cases of paranoia, paresis and neurasthenia. White, however, makes this admission:² "To the condition of those patients who pay

¹ Practice, page 342.

² Outline of Psychiatry, page 279.

marked and more or less continuous attention to the functions of their body organs the name hypochondria is given." Again White says:¹ "In this condition delusions are the rule and are typically self-accusatory. The patients think themselves responsible for all the sin and wickedness or privation and suffering in the world; they are the cause of the unfortunate condition of their fellow patients, have themselves committed some great sin, and are forever and absolutely lost. They very often, too, have hypochondriacal ideas, think they have some incurable disease, that their organs are decayed, something has happened to their brain, their bowels are stopped up and the like."

Under paranoia and paranoid states White writes, "For the purpose of description the disease may be divided into three stages named in accordance with their most characteristic symptoms. First, the hypochondriacal stage or stage of subjective analysis."

Under The Presenile Psychoses, page 208, White says, "This period is especially noteworthy because of the great prominence of depression."

Involution Melancholia he defines as follows: "The term melancholia has been limited to the depressions of later life that cannot be satisfactorily classed with any of the other psychoses, as for instance manic-depressive psychosis."

White then *agrees* with the authorities of his day, especially Remand and Voivenel's essay on the role of the menopause in mental pathology, *in calling melancholia a disease*. "Melancholia is essentially a disease of the period of involution—forty to fifty years in women, rarely before fifty in men. A considerable number, but by no means all, show the beginning of senile decay—

¹ Outline of Psychiatry, page 134.

gray hair and the early changes of arteriosclerosis being most noticeable. The menopause seems to be an important etiological factor in women. Heredity does not play as important a role here as in some of the other psychoses, being present in only about sixty per cent. of the cases. Marked exciting causes, such as emotional shock or other conditions of mental stress, are unusually frequent. It would seem that this class of causes operating upon a mind under the general stress of the involution period, and perhaps the additional stress of heredity, were the important factors in etiology.

"It is coming to be believed that one of the important factors of the involution period is the atrophy of certain of the ductless glands—particularly the uterus and ovaries, the prostate and testicles, the thyroid and adrenals—and that certain of the disturbances of this period of life are dependent upon an unbalanced relationship brought about at this time between these glands." ¹

At the present writing it is known, not "believed," that functional changes of the ductless glands and sexual organs are the cause of hypochondriasis and melancholia but more that the gland extracts have brought relief to many cases and have assisted our homeopathic remedies make many cures.

Other authors acknowledge the entity of melancholia as a disease by subdividing it into eight or ten classes.

Etiology.—This has been given in the definition and diagnosis quoted. There are many causes, mostly endogenous.

Prognosis varies according to the cause in each individual case. Homeopathy and endocrinology have made the prognosis of both conditions much better.

¹ White, *Outlines of Psychiatry*, page 208.

Symptoms.—Much of this also has been given in the definition and etiology. We have all the symptoms which an abnormal mind can imagine and which any and all the body organs are able to produce. None but those well-trained in taking the case and in knowledge which will enable them to correctly estimate the rank of symptoms, can succeed in the treatment of hypochondriasis and melancholia. To be eminently successful, one must also have the gift of reading human nature.

We will put in each group first the mental symptoms, then the symptoms of the abnormal organs, and finally the modalities.

HOMEOPATHIC THERAPY.

Nux vom.—*Marked irritability; ugly; desire to kill members of his own family, also himself; extremely sensitive to all noises, odors, light, heat and cold; finds fault about his food, the temperature of his room, his clothes; absolutely sure that the digestive organs are not and never will be in working order; the stomach is always sour, the abdomen bloated; never a satisfactory stool although he has frequent calls. Worse in the morning, after a spree, from cold air, from mental exertion.* Better from an uninterrupted short sleep, rest, and in the evening.

Causes.—Sedentary habits, excess in food and drink, especially alcoholic.

Do not use below the 30th. Give five drops in water, 10 minutes before meals and at bedtime. Advise physical exercise, such recreation as will turn his attention from himself. More for males than females.

Calcarea carb.—*Apprehensive, fear of death, of misfortune, of losing mind, of contracting disease; paroxysms of anguish with weeping and sobbing; dreams of the dead or some other unpleasant subject, constantly wake the patient from light sleep.* Causes are some of

the transmitted diatheses like t. b. c.; weakness of the organs of digestion and assimilation, causing an abnormal blood supply, not only of the brain but of all the organs of the body, especially skin and mucous membrane. We have used the 3rd and 30th. The diet should be rich in iron and the salts of lime.

Modalities are marked. *Worse from exertion*, both *mental* and *physical*; *cold*, especially *wet cold*; better in a dry climate or during dry weather. More beneficial for women than for men, especially at puberty and at the menopause.

Actea rac.—This is the *best* remedy we have for the *agitated form of melancholia*, if we treat the disease instead of the patient. *Imaginary executioners* may be the *nurse*, the *physician*, a friend or a rat, a mouse, cat, or dog. One patient jumped up on her bed as I came into the room, with the cry: "Oh, Doctor! I know what you've got in your overcoat pocket, a lot of rats, and you brought them so they would bite me to death. I deserve it. I killed my three-month unborn babe." After some persuasion she sat down on the bed, put her face in her hands, and began to weep. The woman had had a miscarriage at the third month of gestation, due to a runaway and being thrown from her buggy. At the time she had a severe hemorrhage and ever since had had these attacks of depression for *a few days before the menstrual flow*. The attacks had grown worse till now the family had become alarmed. She was 36 years of age. A month's treatment with Actea 3rd, four doses of five drops, daily, cured her. Seven years later there was a slight return at the time of the menses. A few doses of the 30th relieved her, and after two more periods the menopause came.

All our cases have been caused by abnormal conditions of the female sexual organs.

The only case of a male that I ever tried *Actea* on was a man, 42 years of age, who had been cured of delirium tremens by *Nux vom.*, but he was so disgusted with himself that he attempted suicide. He would sit and talk by the hour, saying he would lose his reason and then would say: "I cannot stand this. I'm so disgusted with myself I'm going to end it all." He then made a dive for his razor but was overpowered. He had been given *Mercurius sol.* for a week without improvement. We suggested *Actea* 1st, five drops, every two hours during the daytime. Improvement soon began and at the end of the sixth week his attendant was dismissed. Neither the delirium nor the hypochondriasis ever returned.

Ovarian Extract.—From two cases I have treated, I am convinced that *Actea* and Ovarian Extract are complementary to each other.

An Illustrating Case.—Mrs. C. C., aged 46, a *thin, spare, anemic, neurotic*, came to me for relief from "*my tears, chills, and blueness.*" "I am a nuisance to the entire family, not fit to live and afraid to die. More than that I am afraid the cancer of my wound is returning. I flow too much."

About ten years before she had been examined for a discharge from the vagina and told that she had a cancer of the uterus and advised to have it out at once. She came to me, was put upon *Arsenicum alb.* and the burning pains and discharge disappeared.

For her present condition I put her on *Actea* 3rd, four doses daily. It helped materially, but did not wholly cure. She then made a trip to California in an auto. The condition (especially the metrorrhagia) became worse, so she called upon a homeopathic physician who gave her Har-

rowers No. 4. This also helped. When she returned to Des Moines she came to me to see if I could get her the No. 4. I did so. She took one box which arrested the flow and helped the depression. She then said, "It did about what your remedy did." I then gave her Actea 3rd, three doses daily, and told her to take two doses of No. 4 daily. A month later she came with the statement: "It did it." The two seemed to accomplish what neither alone did. In one other instance have they secured the same good results.

Staphisagria.—This remedy has an elective affinity for the nervous system, mostly the brain and sexual organs. I reported one case in the Clinique, April, 1923, for another purpose. I will report the following as illustrating the mental group of the remedy.

Case.—The son of one of our best families, a junior in our high school, aged 16, came into my office, looked around with a sheepish expression and asked: "*Are we all alone, so that nobody can hear?*" He then sat down and began to cry. *His face was haggard, his eyes dull, his hands trembled and were covered with a cold, clammy sweat.* He then told me that he had been a masturbator for over two years, but that now he could have no erections but almost *every night* he had "*wet dreams.*" He also told me he could not look anybody in the face and that he had debated whether to run away from home or kill himself; that the night before he had packed his clothes and started to leave town, but as he went by his mother's door his mother heard him and called him into her room. After a talk he promised to see a doctor.

Staphisagria the 2nd, five drops before meals and at bedtime, *and some advice* cleared up the case. He graduated from high school and college and married a strong, healthy girl when he was 24. *Sensitive to both mental*

and physical impressions is a ranking symptom of this remedy.

Strychnia phos.—About eight months after the wedding, the husband and wife came in from another city to which they had moved and gone into business. The man had the same appearance he had on his first visit. After the door was shut he turned to his wife with: "Oh, I can't, I can't; you tell him all about it." The wife then said that the week after their wedding they had decided to have intercourse, but that he found himself impotent, could not have an erection strong enough. He then told her all about the case he had related to me and added that he had read in a circular at that time that such as he could not have intercourse unless they took the medicine furnished by the author of the circular. He begged her pardon for having married her and left it to her to decide what they should do. Her reply was that all would be well and they would go on as they had for the past week. No further attempt was made for a month, when, being of a strong sexual nature, she did everything she could, but that all their efforts failed. And so things had gone on and she saw he was getting more and more *irritable and nervous*. *He could not sleep*; business at the store was not going well, etc. Two nights before she had tried again, with the hope that if they succeeded he would become himself. After this attempt failed he threatened to leave her, but she persuaded him to come again to see me. Realizing that he *thought he was impotent*, from having read the pamphlet referred to, I gave him Strychnia phos. 3rd, five tablets before each meal and at bedtime. *I also tried to impress him as strongly as I could that he was not impotent, but only thought so.* He seemed much encouraged by the time they left the office. Six days later a letter came, saying: "Your encouraging words, with the

help of twelve doses of the little pills, wrought most gratifying results. Wife has put the pills away and says they are no longer needed."

Phosphorus.—In 1883, Dickinson wrote: "Phosphorus is indicated when the disease is the result of masturbation. The symptoms are *timidity* and *irresolution*; *prostration* in consequence of unpleasant impressions; *headache from mental exertion*; *palpitation* from any emotion."

If the word "masturbation" were changed to the term "sexual excesses" and the symptom impotency added to Dickinson's list, I could say that I had obtained good results from Phosphorus in the 30th in many such cases. My Phosphorus patients have all been anemic, and the majority suffered from the t. b. c. diathesis.

The diet should be rich in fruit, fats, and fish. Hagee's Cordial of Cod Liver Oil has been found both palatable and profitable for Phosphorus patients.

Aurum met.—This remedy acts chiefly on the nervous system and blood. It is to the unfortunate man who has suffered from syphilis and been ill-treated for it with iodide of potash and mercury what Zinc. phos. is to the man who has been ill-treated for epilepsy by the bromides.

The Aurum patient is in the *depth of despair*; is *disgusted* with himself; *wants to commit suicide*, but is afraid to die. The *male patients scold and curse*; the *females sob and cry*. Both are poor sleepers, the women sobbing in their sleep; the men swearing. *Both are kept awake by bone pains*. Great exhaustion, both mental and physical. I use the 30th and 1000th.

Sepia.—Experience places Sepia, with Actea, as a remedy almost exclusively for women. The *locations* are the *nervous system* and *sexual organs*. The mental symptoms are "*sadness about one's health and her domestic affairs*;"

“fits of involuntary weeping and laughter;” great *irritability*, *alternating with indifference*; dread of being alone and yet great excitability in company; anxiety, with fear about real or imaginary evils.

The physical make-up differs from that of *Actea* in that the *Sepia* is tall, thin, spare, stupid, with a sallow, anemic color. Every muscle of the *sepia* patient is weak and relaxed. Hence, prolapsus of uterus. The 30th or 1000th are the best potencies.

Natrum mur.—This remedy helps the sad, *weeping* patient who *dislikes consolation* and *detests those who offer it*; joyless, taciturn, tired of life; *hateful*; *vindictive*; *moved by trifles*. The face, like that of *Sepia*, is sallow, pale, yellow and the mucous membrane pale and anemic.

Like both *Actea* and *Sepia*, the *menses* are *irregular*, may be scanty or profuse, late or early. The *stools* are usually *dry*, crumbly, hard, and often bloody, the blood coming from fissures of the rectum and anus.

Like *Sepia* the potency should be above the 30th and repeated at long intervals.

Sulphur.—Nearly every author puts Sulphur in the list of remedies, not only for the subject under consideration, but nearly all others.

I cannot recall a case of depression being cured by Sulphur alone, and I have tried it in many. But I can recall many cases where being given to prepare the way for a remedy or as an intercurrent remedy, Sulphur has done grand, good work, especially in preparing the way for another. The *modus operandi* of Sulphur may be illustrated by stating that I was born and brought up on a farm in the days when grain was threshed by flails. *The first thing by way of preparation for the threshing was to clear (clean) the barn floor.* Sulphur seems to

clear the system for the action of the curative remedy. Potency 30th to 1000th.

Auxiliary Treatment.—Absolute rest, energetic exercise; stuffing, starving in diet; stay at home with your radio, go to church or theater; rush some, repress others; *watch all*, see that no poison or instruments of destruction are left within reach of your patient. I have had two sad experiences as the result of failure to follow out my instructions in this respect. A woman hung herself and a man put a bullet through his head with a pistol a friend loaned to shoot gophers with. The auxiliary treatment requires as much thought and tact as does the selection of the indicated homeopathic remedy.

HYSTERIA.

Definition.—An abnormal mental condition producing morbid changes in the various functions of the body. Some, like Cowperthwaite, are absolutely sure it is a disease, others call it a state of the mind.

Pathology.—Most of us feel sure that there is no gross discernible change in the structure of the brain or nerves. Others, especially the neurologists, declare that there are changes, though we may fail to discover them. That there is excessive reaction to emotional stimuli we all realize. That this hyper-suggestibility may be inherited is taught by observation and experience.

Etiology.—Both predisposing and exciting causes are legion. Of these causes heredity is the most frequent and contagion the second. From an etiological standpoint hysteria is closely related to chorea, epilepsy, and tetany. The predisposition may be nurtured by many improper modes of living. Yielding to the desires of an easy or sensual life during childhood is responsible for many cases. The older writers used to define hysteria as

a disease peculiar to women, but any physician of experience will state that some of his most intractable cases have been men.

The condition is found more frequently between the ages of fifteen and thirty. Hysteria most often follows some profound emotion, mental or moral, business successes or reverses which have caused excitement or worry. The establishment of puberty or the cessation of the menses, whether physiological or abnormal, are frequent factors, especially pregnancy in the unmarried, or the first gestation of the neurotic married. Religious excitement following prolonged revival seasons, fear, joy, disgust, etc., are all exciting causes. There is much truth in the theory advanced by Freud that hysteria is always due to physical or psychic trauma, and that this trauma is in the majority of cases sexual.

Forms or Stages of Hysteria.—According to our experience the division into (a) prodromal, (b) convulsive, and (c) latent, is a happy one, and may assist in selecting the treatment both as to the therapy and the auxiliary.

Symptoms.—Those of the prodromal stage are craving for notoriety and desire for sympathy; irritability; restlessness; nausea; vomiting; abnormal desires; and aversions. Following the above come the attacks, the symptoms of which are: Alternating crying and laughing; cursing and praying; loquacity and taciturnity; screaming; shrieking; beating of chest; tearing of clothing; snarling; pulling the hair; prolonged periods of unconsciousness; secreting of large quantities of urine and occasionally involuntary stools; and finally the aura, for hysteria has an aura as marked and certain as epilepsy. This aura may originate in the cerebral, the spinal or cutaneous nerve centers, or in the ovary or testicle.

We may then have all forms of convulsive movements from a mild epileptoid to a severe cataleptic. Any or every individual muscle or any combination of muscles may be involved. Consciousness, except in a few cases, is not entirely lost, but in the majority of cases the convulsive movements are followed by a mild form of delirium or light sleep which in time may be followed by the inter-convulsive stage, which is really the most important period of the affliction for the study of symptoms. Anders divides these symptoms into three general headings: "Motor, sensory, and psychic." Under the first heading he embraces almost every form of muscular pathology from the slightest tremor to the most profound paralysis, hysterical contractions, etc. Under the sensory group he puts the anesthetic and paresthetic. The former may be local or general, such as blindness, deafness, etc. The parts or organs most affected under the hyperesthesia are the ovaries, breasts, spine and joints. We may have under our locals, respiratory organs, aphonia, cough, hemorrhages, etc.; under the heart group either tachycardia or bradycardia; and finally, under urinary symptoms, either polyuria or anuria. In my experience the former, with an odor as distinctive as that of diphtheria, is present in four out of five cases of hysteria.

Diagnosis.—Recognition of the hysteria stigmata must decide the diagnosis. Any one of these plus the hysterical crisis will usually suffice. The two most difficult conditions to differentiate are organic palsies from hysteric palsies, and organic abdominal tumors from hysteric abdominal tumors. In my experience two cases of hysterical abdominal tumors were mistaken for pregnancy. In both were cessation of the menses, enlargement of the breasts, the subjective movements of the child, etc. In both cases every preparation for the new-

comer had been made. The exciting cause in one case was fear, in the other was hope. One was the mother of an idiotic child and feared another; the second had been married ten years without becoming pregnant, but being told that she had become pregnant created hope, the cessation of menses and all other signs even to labor pains at the predicted time. I have also met two other cases in which hysteric pseudocyesis had to be differentiated from ovarian cystoma. The diagnosis was easily made by giving an anesthetic.

HOMEOPATHIC THERAPY.

These, in the treatment of hysteria, given upon "key-note" symptoms, are of secondary importance. Remedies, however, administered for the purpose of reaching the underlying causes and diatheses are of equal importance with our auxiliary treatment. The remedies which have served me best for the former condition, *i.e.*, the hysteric paroxysm, are:

Ignatia, whose symptoms are: *Sensation of choking* (globus hystericus) with marked constriction of the chest; *profuse* secretion of a clear, *watery urine* with an indescribable odor; convulsions; twitching and jerking of groups of muscles; crying and laughing. Between the paroxysms the woman is excitable, alert, active, sensitive and cheerful, quickly changing to depressed, apprehensive, and sad. *She wants to enjoy her sadness all alone* and usually the attacks follow seclusion. Use the 30th and higher.

Actea rac. has a *mixture of choreic and hysteric convulsions*, showing that both the nervous and the muscular systems are involved. *Great depression*, with *fear of impending evil*, especially of *going crazy*, *aggravated just before the menses*, is the ranking mental symptom. While

in this condition she gives way to fits of sobbing and weeping with cramps and twitchings in all parts of the body. The cause is in the sexual organs, like ovaralgia and menstrual irregularities. The patient is usually of *dark complexion*, has well developed muscles, and is often of the rheumatic diathesis. *Actea* acts both as a curative and palliative remedy. Just before menses, give the 3rd, five drops every three hours. Between the menses give the 30th twice daily.

Asafoetida will help patients when the *digestive tract* bears the brunt of the attack. *Flatulency* is a ranking condition; sensations are: ball rises in throat as if peristaltic motions were reversed. The patient clutches the throat for relief. *Great distention of stomach*; visible pulsations in the pit of stomach, *regurgitation of food* during the attack, also frequent, *offensive stools*, sometimes involuntary. This remedy has proven useful in the 6th and 3rd and even the crude drug.

Cicuta.—When *loss of consciousness* is the ranking symptom accompanied by involuntary *twitching and jerking of the muscles*, especially of the arm and fingers. Just before the paroxysm of unconsciousness there may be *singing and shouting*. Give the 3rd.

Gelsemium also has a long period of *unconsciousness* but, instead of the violent convulsions of *Cicuta* during the unconsciousness, the patient is *relaxed*, sometimes *unable to move* the muscles. Give the 3rd or 6th.

The above for the attacks. To cure the tendency to attacks I have used Zinc. val. 3rd, Nux vom. 30th, Nux moschata 30th, Sepia 30th, Platina 200th, Moschus 6th, Kali phos. 3rd, and Scutellaria, tincture and 1st.

Auxiliary Treatment.—There is no disease for whose relief *suggestion* can and does play so important a part as hysteria. It is an absolute necessity, if he would succeed,

that the physician have the full confidence of his patient. This secured, the greater the hypnotic power of the physician the greater his success. The auxiliary treatment in many cases should begin before the birth of the patient and should consist in subjecting the prospective mother to a course of moral and mental rest cure. After birth, the children of neurotic parents should receive special care so as to develop a strong, muscular body for the irritable, unstable nervous system. Hence outdoor exercise, proper food, avoidance of excitement, and long periods for rest and sleep should be insisted upon. All eliminating organs should be carefully supervised. For the convulsion or paroxysm no protective treatment is needed as such patients very rarely injure themselves. The best way is to let the patient severely alone if the friends or parents will permit you to do so. I remember the case of a young school teacher whom I found lying on her bed unconscious with four of her fellow teachers chafing her hands, putting hot applications to her feet, and her mouth stuffed full with a handkerchief. I took the handkerchief out of her mouth, asked the four teachers to go into an adjoining room and followed them. I had hardly closed the door and begun to explain my action before the patient appeared, called me a brute, and ordered me out of the house. I went at once. The patient had me for her physician for more than twenty years and never had another hysterical attack, though she had had many before the one referred to above. Dashing cold water over the patient, giving them a teaspoonful of mustard in four teaspoonfuls of water, a dose of Apomorphia, one-fifth of a grain, or some other such radical treatment is sometimes needed. Children, especially school children at the age of puberty, need especial care as to sleep, nourishment, and freedom from excitement.

If the parents would co-operate with the teachers in having children keep proper hours and companions, the number of hysterical young women would be reduced 50 per cent.

INSOMNIA.

Definition.—Abnormal sleep, abnormal either in quality or quantity or both; sleeplessness. Insomnia is not, strictly speaking, a disease, but rather a condition, a symptom of many diseases; a “symptom of many of the psychoses.” As a condition, insomnia is often met by the general practitioner and is a very delicate and often difficult condition to treat successfully. As a symptom, it is often *the ranking one of a group and determines the totality of some particular group of the indicated remedy.*

Etiology.—Insomnia may have many causes. It may also be the forerunner or cause of many conditions, like delirium, or diseases. Pain is one of the most frequent causes; pleasure is a very frequent cause; excitement, grief, humiliation, overtaxing the brain by study, worry, etc.; lack of exercise; improper food or proper food at improper time of the day, etc.

Pathology.—As a condition we may say it has no pathology. As the ranking symptom of a group of some disease its pathology is that of the disease.

Symptoms.—We might answer as a clinical patient did when asked to state her troubles in her own words. She simply said, “Can’t sleep,” and folding her hands in her lap she assumed an attitude and expression which plainly said, “That’s all and it’s enough.” To a student’s *why*, she replied, “You tell.” It took a good many questions, skillfully put, before that student could tell, but he was finally able to do so. He found out that her *husband and child had been killed in an auto wreck* two years before, and that she herself had been seriously injured at

the same time. For several days she had been *kept under the influence of morphine* on account of the pain; that when the pain had subsided, her mind was living over and over again the details of the auto wreck. This was so terrible that she begged for and was given morphine again so she could go to *sleep and forget*. The result was the *morphine habit*. Finally her mother had come to stay with her and help her break the habit. The mother stated: "She is so changed. She was always cheerful, happy and sweet; now she is gloomy, irritable and cross. She flies to pieces on the least provocation."

It was also ascertained that she suffered from flatulent colic and diarrhea, with green, watery, fetid stools. The entire condition was worse after she had "an angry fit" which frequently occurred. She was given *Chamomilla* 30th, five drops, 10 minutes before her three meals and at 8 and 10 P. M. No change was made in the auxiliary treatment, as her diet, etc., had been looked after by her former physician and could not be improved. She was herself again after taking the *Chamomilla* at intervals for about five months. For the first two months the fight was fierce.

HOMEOPATHIC THERAPY.

I consider *Chamomilla* the very *best* of our *homeopathic remedies for the insomnia of the morphine habit*. Not only does it improve the sleep of such patients, but the mental and intestinal symptoms as well.

Scutellaria lat.—*Chamomilla* has been put at the head of the list of remedies for insomnia. The reason for so doing is that the insomnia of morphine is frequent and the most difficult to treat of any. *Scutellaria* is put second because of the large number of the *Scutellaria* make-up—whose cause is met and removed by *Scutellaria*.

Make-up.—The intelligent, ambitious, active, highly

neurotic woman, usually a leader in her club, church or society, and with weak resisting powers. Such a patient will come home after attending some church or club function or theater, all *excited, highly keyed up, go to bed and lie awake all night, living over and over again all she has seen and heard during the evening*. The next day she will suffer from a severe headache, aggravated by light, noise, and odors. Ameliorated only by a night's restful sleep.

Give these patients five drops of a good tincture or five triturate tablets and in four cases out of five they will sleep and wake up normal the next morning.

Colocynth.—In one case, that of a patient who had acquired the insomnia from taking morphine for multiple neuritis, Colocynth was used to complete the cure after the Chamomilla had greatly improved the condition but seemed unable to help any more. The Colocynth was given in the 30th the same as the Chamomilla.

Coffea crud.—Bartlett, in his Practice of Medicine, expresses the *kind* of insomnia for which Coffea is successful in the following sentence: "*Thus there is simple insomnia during which ideas flow rapidly through the mind.*" Boericke in his Materia Medica gives the make-up as follows: "Tall, lean, stooping persons with dark complexion, temperament choleric and sanguine."

Talcott wrote: "Sleeplessness because mind is very active, and because the emotions have been driven by pleasant occurrences into a state of excessive excitement;" also: "Hysterical affections produced by excessive pleasurable emotions."

The make-up and the characteristics of the insomnia are the ranking symptoms of the group. The remainder of the group consists of palpitation of the heart and a rapid, high tensioned, wiry pulse.

I give the 12th or 30th unless the patient habitually uses coffee, then the 1000th.

Ignatia.—The make-up, including emotions, is almost the counterpart of Coffea. The emotions control the mind and, as a result, when the emotions are abnormal, the brain functions abnormally.

The differential symptoms are: Coffea has a pleasant time while lying awake and happy in her erratic dreams; while the Ignatia woman is *shedding "inward tears" of sadness and dreaming "one horrid dream" over and over again.*

Ignatia resembles Belladonna in one particular, *viz.*, twitching of muscles while sleeping and trying to go to sleep; which twitchings cause her to start and become wide awake just as she is almost asleep. The two are easily differentiated by the make-up.

Ignatia differs from Chamomilla in that the Chamomilla patient is sleepless because of pains which she greatly magnifies; Ignatia because of some real or imaginary insult or grief which she "enjoys"? alone. The Ignatia patient makes no fuss; the Chamomilla makes herself contemptible by her ugly temper. The Ignatia patient elicits your sympathy, the Chamomilla your scorn.

Cocculus has an "elective affinity" for the motor tract of the cerebrospinal axis and for the cerebellum. It causes an insomnia like that produced from loss of sleep, *e.g., of night watchers and nurses.*

Case I.—A medical student of neurotic temperament was cramming for his final examination. At the same time his only sister died and his wife was taken seriously ill. He lost three nights' sleep as the result of sickness and death, in addition to extra study at night for examinations. As a result he could not sleep when he had an opportunity, *had nausea and vomiting, marked vertigo*

and trembling of the entire body and system. He went to his professor of materia medica who advised *Cocculus* 3rd, five drops, every three hours. He quickly and completely became normal and passed his examinations, a few days after, with credit to himself.

Case II.—A nurse, age 24, highly neurotic, had been on night duty in a very hard case for eight days. For some reason she could not sleep much during the daytime, even when well. For three nights after the patient died, she could get but little sleep. The result was severe splitting pain in the occiput and neck, a paralyzed sensation in the small of the back, and trembling in the stomach after eating, also hiccough. Thinking the backache was due to lifting, she took *Rhus tox.* without help.

Quizzing brought out the fact that she had suffered from dysmenorrhea all her menstrual life; at times the pains were so severe she would "faint" and lie unconscious for three to six hours at a time (*Nux moschata*). She was given *Cocculus* 3rd, five drops every three hours. From that time on, *Cocculus* was the remedy for sleeplessness in that training school for nurses.

With the above remedies I have cured many and relieved many more patients suffering from insomnia not necessarily caused by pathological condition of the brain. Let us now consider a few remedies for insomnia when the cause has some pathological base.

Nux vom. helps those *irritable individuals who resemble the Coffea and Ignatia in make-up.* Their sleeplessness is due to their *indiscretion* or lack of self-control in *eating, smoking and drinking*, especially the latter. Their bad habits, in addition to the three mentioned above, include *lack of exercise, irregular hours of mental and physical labor.* They usually are *sleepy after meals and often sleep well till 2 or 3 A. M.,* then they are sleep-

less till they get up cross and irritable, and like the Chamomilla patients, contemptible. The majority of Nux patients will not let the physician do more than palliate their insomnia. You cannot cure a Nux patient who will not give up coffee and the majority will not. You cannot cure a Nux patient who will not give up his whisky and most of them will not give it up. I have cured a few Nux patients who will follow the auxiliary treatment suggested above. Such were given the 30th. I have palliated some Nux patient's suffering who would not follow advice; some with five drops of the tincture, others with the 3rd and still others with the 30th, depending upon the different patients, also upon the different conditions of the same patient.

Arsenicum.—This remedy has relieved the insomnia of many patients when the insomnia was caused by *pains* resulting from some *pathological condition*, most frequently *multiple neuritis*. The time, midnight till 3 and 4 A. M., is the ranking symptom of the insomnia group. Next in rank is restlessness and third is the character of the pains, burning, shooting, cutting. All potencies from 1st to 1000th have afforded relief.

Colchicum.—Of this remedy Talcott * wrote: "Sleeplessness after night watching or studying at night; awakened from sleep by dreadful dreams." Although most of the symptoms of Colchicum are the same as those of Coccus, I never have received any benefit from its use unless the patient had suffered from multiple neuritis or rheumatism with damaged valves of the heart or both. The Colchicum patients are both depressed (Ignatia) and irritable (Chamomilla). Experience has led to the use of the 3rd.

* Mental Diseases, page 296.

Zinc. met.—A third remedy for night watchers, close and long continued mental work, is Zinc. met. Of this Talcott says: "When prolonged mental *overwork and close confinement have produced a state of forgetfulness, mental weakness, inability to apply the mind, broken and unrefreshing sleep*, Zinc. becomes a most valuable remedy, aided by rest and change of scene. Many cases of melancholia present mental exhaustion as the immediate cause, and are helped by its administration; and it is used when defective reaction and lack of trophic power retard recovery."

Zinc. phos.* had not been proven and was but little known when Talcott wrote the above in 1900, much less when he gave it to our class of 1882.

After experimenting with both, I have for the last fifteen years substituted the phosphate for the metal with advantage to the patients.

MENIERE'S DISEASE.

Synonym.—Hereditary vertigo.

Definition.—An affection of the aural nerve or labyrinth whose ranking symptoms are vertigo, deafness, and tinnitus, sometimes accompanied by vomiting.

Pathology.—Inflammation followed by atrophy of the nerve endings, also thickening of the labyrinthine membrane either from inflammation or hemorrhage.

Etiology.—Age. This disease is rarely met with before thirty years of age. Sex. The proportion of males to females is 2-1. Exposure. Syphilis, senility, congestion, and occasionally hemorrhage of the labyrinth.

Symptoms.—As stated above, the *ranking symptom is vertigo* which may vary from a very mild subjective

* See Royal's Practice and under Epilepsy in this book.

attack to a violent shock as from a severe blow. The light form may be continuous with paroxysms of the severe form at intervals or it may be intermittent, coming once a week or once a month. The attacks seem to come without any cause either when the patient is awake or asleep. With the more severe cases we have nausea and vomiting, first of the contents of the stomach, afterwards of bile. *Deafness* of varying degree is constant. *Tinnitus* is also usually constant, generally aggravated during an attack. *Unconsciousness* occurs in some of the most severe cases. *Nystagmus* and diplopia may be present.

Diagnosis.—The symptoms given above occurring in a neuralgic patient without preceding gastric symptoms are sufficient for diagnostic purposes. Vertigo and deafness are the result of middle-ear trouble and may be easily determined by examination. When either a growth or a portion of inflamed meninges at the cerebellopontine angle occurs, there are always other symptoms of brain tumor or meningitis present. The unconsciousness of epilepsy may be diagnosed from that of Meniere's disease by the longer duration and the history of convulsions.

Prognosis.—This is favorable in the majority of cases. The attacks may grow worse till the patient is actually deaf and then cease. In most cases we may arrest the progress and in many cases a complete recovery follows.

HOMEOPATHIC THERAPY.

Chininum sulph.—This is our best remedy. Charcot used the drug in large doses. His report was: "The cases were worse for a time, some of them seemed to improve subsequently." What better evidence of the homeopathic action of a drug can be given! Had the 6th been given many cases would not only have been improved but cured. Chininum sulph. has the following symptoms:

Pain in forehead with vertigo and pulsation, falling in the street; violent ringing, banging and roaring in the ears with deafness; nausea and vomiting with bitter taste. I was called to a patient once who had been told that quinine would break up a cold. He went to the drug store and got thirty grains which he took at one dose. He had all the symptoms enumerated above and also the unconsciousness for over an hour.

Cocculus.—When the patient is a *light-haired, neurotic, emotional woman, vertigo is worse* when sitting up or riding in an auto or car; nausea with the same aggravation; *vomiting accompanied by syncope*; metallic taste; paralytic pain in small of back; weakness during menses; paralysis of facial nerves. I have never obtained a complete recovery from the use of Cocculus, but in two cases I have checked the disease with the 3rd, five drops four times daily.

Chenopodium anth.—For sudden vertigo due to torpor of the auditory nerve. *Deafness is not complete.* The hearing at times is usually good, at other times there is complete loss of hearing to certain sounds but better than usual for other sounds, *e.g., better for a high-pitched than a low-pitched voice; better for the rumbling of an auto or street car* but lost for the human voice. Use 3rd internally and the tincture of Chenopodium and Mullein Oil equal parts dropped into the ear, morning and evening.

Natrum sal.—This remedy is used by both schools. Like quinine it has produced deafness. It has also produced vertigo and tinnitus. However, it differs from Chenopodium in that the tinnitus is more marked from low tones than from high. The abnormal condition of the auditory nerve may be caused by grippe or some other prostrating affection. We homeopaths generally use the

3rd. An old school friend of mine says: "Use small doses, say five grain doses three times daily." Other remedies which have been used with success are: Conium, China, Bisulphide of carbon, and the Nitrites; the last to be used in cases accompanied by high blood pressure.

Auxiliary Treatment.—Aside from the use of Chenopodium and Mullein oil as suggested above or equal parts of Mullein oil and Glycerine, counter-irritants over the mastoid bone is about the only treatment which has been successful. Specific treatment for any of the causative diseases such as syphilis has been of little good but should be tried in cases which do not yield to the apparently indicated homeopathic remedies.

NEURASTHENIA.

Synonyms.—Nervous prostration. Brain fag.

Definition.—A condition characterized by irritability, followed by exhaustion of the brain and nerve centers. A pure neurosis expressing an abnormal irritability in response to stimuli. Notwithstanding the fact that the disease is a general one, some authors speak of several varieties, *i.e.*, cerebral, cardiac, spinal, post influenzal, gastric, etc. On the other hand, some question whether there is any such disease, as autopsies on several persons dying with nervous exhaustion have given absolutely negative results. Nevertheless by the general practitioner a certain group of symptoms has been recognized as an entity, as an individual disease.

Etiology.—The causes are both predisposing and exciting. Among the former heredity is the most frequent and also most important. Parents suffering from any condition which has a tendency to exhaust the vital forces may transmit that weakness to their children and have it manifested in the form of neurasthenia. The inheritance

may be weakness due to chronic alcoholism, rheumatism, etc., or a simple lack of nervous energy.

Improper training, especially mental, age and sex, should be classed among the predisposing causes, age most frequently between 18 and 26. Exciting causes are over-exertion, either physical or mental. The terrible hurry and worry of the average American's life is the exciting cause of nine-tenths of all cases. Excesses in venery and other abuses of the genital organs, especially the means employed to prevent or abort conception, are not only the frequent cause but also the most injurious of all exciting causes.

Pathology.—Neurasthenia has no distinct lesions as yet discovered.

Symptoms.—Their name is legion. Among the first are *mental and nervous weaknesses*; inability to perform tasks which were formerly easy; cannot concentrate his mind upon his work; changes in mental condition are frequent and marked; unnatural emotional temperament, as irritable, excitable.

Disturbance of sleep follows in a great majority of cases, either no sleep or sleep filled with dreams and unrefreshing. The poor sleep is usually after midnight or early morning, at which time the mind is usually abnormally active. Occasionally we may have abnormal drowsiness, especially after meals.

Vertigo, with pressing pains in vertex, burning in occiput and down the spine, in fact all sorts of sensations in head or spine with all sorts of modalities.

Sight is nearly always affected, asthenopia on beginning to read, unnatural mobility of pupils, the pupils react with abnormal readiness to light but very sluggish to accommodative efforts, the peripheral part of the retina tires first.

Hearing is also affected in many cases, all noises are accentuated, roaring and other noises are frequent.

"*Neuralgia*," as the patients call it, is very general; also formication. Numbness in any or all parts of the body may be present.

Blushing and *sweating* are prominent vaso-motor symptoms. The sexual functions may be the only complaint of the patients. Desire may be excessive or lost, the slightest excitement causes erection and seminal discharge. The organs are usually cold and flabby. Those suffering from sexual disturbances are also the worst sufferers from mental disturbances such as: Depression, suicidal tendency, dread, and fear of all kinds.

Cold chills and hot flashes are the thermic disturbances of the neurasthenic woman at the menopause.

Gastralgia, loss of appetite, slow digestion, and flatulency are the stomach manifestations. The deep and superficial reflexes are exaggerated in nearly every case.

Diagnosis.—The fact that a wrong diagnosis is often made in neurasthenia is due to the fact that the secondary neurasthenic symptoms of the various local and genital organs are confounded with the primary form. In the majority of cases it is easy to differentiate it from brain tumors, ataxia, and liver diseases. It is more difficult to differentiate it from some of the forms of insanities, sexual perversions and hysteria. To me it has been almost impossible to differentiate it from hysteria, notwithstanding Anders' most excellent comparison.

Prognosis.—Patients suffering from neurasthenia pure and uncomplicated can all be cured. Habits which some of these patients have formed may make a cure more difficult. The treatment which some have received may make the cure most difficult or make individual cases the exception to the rule.

HOMEOPATHIC THERAPY.

Kali phos.—If I were restricted to one remedy from our large number of excellent ones for neurasthenia, I would choose Kali phos. Neurasthenia is written across the entire symptomatology of Kali phos.; and when you group the symptoms according to the different causes it is written in red across each individual group. Let us take the word “*Shyness*” from the section under mind and put with it three symptoms from the section sexual organs (male), *viz.*, “*Nocturnal emissions, sexual power diminished; utter prostration after coition,*” and see how clearly the cause “sexual excesses” stands out. From its numerous symptoms you could select a dozen groups with a mental or nervous symptom for the ranking one and symptoms from the sexual organs, the stomach, the blood, the thermic center, the modalities as the remainder of the group. I use the 3rd or 6th and give five grains before each meal and at bedtime. It is especially *useful* for the *young* who were born weak or *deficient in nerve power*.

Strychnia phos. is our second best remedy. It acts through the cerebro-spinal system, causing what “Grandpa” S. Lilienthal called “*insanity of the muscles* (chorea)” and a similar condition of the brain. There seems to be an *irregularity* of nerve power, at times too much, at other times too little; a *lack of control* of both mind and muscles.

Anemia of the spine is a leading condition. It is frequently associated with general anemia. Use the 3rd.

Picric ac. is the third of our trinity. This drug causes *degeneration* of the *spinal cord* and *disintegration* of the *blood cells*. There is a greater tendency to paralysis than is found under Strychnia phos. and nearly as much as under Kali phos. *Weakness*, both mental and physical, is the *ranking symptom* and aggravation from exertion

is the leading modality. I use the Picric acid unless there is marked anemia, when I use Picrate of iron. Use 3rd and 6th.

Zincum phos. is a grand remedy for exhausted brain and nerves. It is especially helpful when the *cause* of the exhaustion has been *epilepsy and its maltreatment, i.e.*, when too large or too frequent doses have been used to suppress the epileptic attacks. It is also useful for the result of worry in business men and of close application in students. The symptoms are *weak memory*, almost paralysis of the brain, *e.g.*, *inability to think*; frequent attacks of *vertigo* amel. by lying down; patient is listless, apathetic. The other symptoms are *impotency* following marked increase of sexual desires. The modalities are: *Aggravated by mental excitement*, physical over-exertion and sexual intercourse. The remedy should be continued for a long time but the potency changed. Often a dose of Sulphur between the changes may increase the efficiency of the remedy. I have used the 3rd, 6th and 12th, and in one case the 30th, all in the trituration.

Auxiliary Treatment.—No disease will tax the ingenuity of the physician more than neurasthenia. When the cause can be found it must be removed if possible. The too busy patient must be given rest. The too idle patient must be given some occupation. Some patients should be taken into the country to enjoy the monotony of the camp life, others must be brought to the city from the country for a variety of work and diversion. The diet in the great majority of cases should be nutritive and gradually pushed to the limit by increasing the number of meals daily or the amount of each meal. Massage active and passive or electricity may be of great help. Baths of hot or cold water or both hot and cold are often helpful. Hot and cold water applied to the spine has

done many of my patients much good. Apply as follows: Put a rubber on the bed and cover with a flannel sheet. Have the patient lie flat upon the stomach. Have ice cold water in one basin and water as hot as the nurse can bear the hand in, in the other basin. Take a sponge and dip in one basin and rub over the spine from occiput to coccyx. Then follow with the other at once. Keep this up from ten to fifteen minutes. After that let the patient rest. The best time to apply the treatment is bedtime.

PARANOIA.

Definition.—An abnormal condition of the mind.

As I write that, a question arises, *viz.*, what is a normal mind? Is there a standard by which we can measure every individual and ascertain whether he is above or below normal? Do we measure a paranoiac by such a standard, by himself, or by other individuals? Paranoia is a very common thing. In fact, so common that many individuals have it. Grandpa Lilienthal had a paranoia in 1880 and taught me what it was. Professor Talcott had a paranoia in 1890 and wrote what it was. Professor Fellows had a paranoia in 1900 and told me what it was. Since then Friend, Magnan, Kraepelin, Krafftbing, Jelliffe, Tiehen, Wernicke, Pratt, and Osler have each and all had a paranoia, and W. A. White in 1923 wrote for me what the paranoia of these men was. And finally, Clarence Bartlett in 1924 wrote what his paranoia was. Was the paranoia of all these men the same? Oh no! Why not? Because paranoia is such an indefinite, variable, intricate, incomprehensible entity that it has not yet been fathomed.

A paranoiac may be monarch of all he surveys, of the country in which he lives, of the world; he may be so exalted that there are none above him or near him in

goodness and grandeur; he may be so debased that none can be below him or anywhere near him in crime and contemptibility. In his own estimation he may be a Croesus or a Lazarus; a saint or a sinner; a Christ or a circus clown. Let me give three illustrations.

Case I.—A slight-built, neurotic man, an attorney by profession, was made Federal judge of South Dakota. It was a hard job and he worked faithfully. He was a Republican. Grover Cleveland wanted his place for a Democrat and notified him that he must have everything ready for his successors in two weeks. His wife said that the judge did not sleep for four days and nights after that notice. He then returned to Des Moines, his home, and decided to resume his law practice. He went to the leading furniture store and ordered thirteen office desks; twelve at \$75 apiece and one at \$350. The latter for himself, the others for his clerks. He then went to his bank and deposited a check for \$500,000. The check was drawn on the Treasury of the United States. "President Arthur had placed one billion dollars at his disposal as a reward for efficient service." The bank cashier, knowing I was the family physician, called me over to settle the matter. It was suggested that the \$500,000 be placed to his credit, and the judge was satisfied. The Commission on Insanity was then called together and the judge, on the pretext that the commission wanted his advice, went before it. He was sent to one of our insane hospitals and three months later died of what his friends were told was "hardening of the brain." He was 65 years old.

Case II.—A young man, age 28, also an attorney, had been county attorney, was brought to my clinic by his wife and his brother. The wife, a strong, aggressive, well-educated woman, gave the following: "My husband

has not been himself since he had the flu. He thinks he has committed the 'unpardonable sin' and that God will not accept any sacrifice as an atonement. *I have been obliged to drive him to his office for two weeks.* Day before yesterday and yesterday I could not drive him. He sat in his chair reading the Bible, and I went upstairs to do the chamber work. Soon I smelled something like burning hair and went downstairs. On the table was the carving knife covered with blood, and on the grate fire was our large angora cat, with its head severed from the body. My husband sat reading aloud the story of Abraham and his son."

When told that the man must be sent to an asylum the wife objected with, "Oh, no. I can handle him all right. He is the most loving, obliging (the brother suggested changing the latter word to obedient) husband a woman ever had." When I said, "Suppose it had been you instead of the cat he had decided to offer on the altar," she still protested she would not have him incarcerated. We entered a complaint and he was sent to an asylum where he died. The wife was informed that the cause was "softening of the brain."

To the question which might arise as to whether I knew these two were cases of paranoia, I will reply that I am not a psychiatrist, but that both were diagnosed as paranoiacs by the psychiatrists of the two insane commissions.

Case III.—A young man, graduate of one of our local universities at which he had been a prominent athlete, came to me, not for medical advice but because I was a member of the Y. M. C. A. board and he wanted the position of physical director. His sister with whom he lived, was brought with him because, as a patient of mine, he thought her influence would help. To show me his

efficiency, he turned a handspring in the room. His sister then asked him to go into the reception room and then told me that for about three weeks the brother had not been himself. He said it was no use to go out on the road (he was a travelling salesman), as business was bun and that he had no appetite, etc. He said the Almighty had created him to be an instructor of athletics and that he must get such a job. She further stated that about five o'clock that A. M. her husband noticed a light in the brother's room and, looking in, saw the brother with his hands about the railing of the foot of the bed and his feet up to the ceiling. When asked what he was trying to do, he replied: "The Almighty said there was a job ready for me and that I must practice to be ready for the job." Going back into the reception room, we told him he could have the job, but that he must go to a private sanitarium to sleep and rest up. This he agreed to do and I took him to the place, where he was given baths and Coffea 30th. He soon began to sleep well and at the end of three weeks forgot all about the job he was created for and took up his former work. The physician of the institution to which he was taken had been superintendent of one of our state insane hospitals for 27 years. He pronounced it a case of paranoia.

And now after this perhaps useless rambling, let us return for more light on our definition. Of those given by the authorities mentioned above, I consider Talcott's the most comprehensive and comprehensible. More than that his definition contains not a little of the etiology, diagnosis, prognosis and symptomatology of the condition.

"Paranoia.—This term is derived from two Greek words, which mean 'beyond,' and 'to know or to understand.' It is a subacute form of mental excitement char-

acterized by delusions of persecution and wrong. It is really a form of *subacute mania*.* The delusions are fixed and systematized and do not readily yield to any form of treatment. *Paranoia* is usually the outgrowth of a *high grade of imbecility*. *Paranoiac patients* come very near being *wise*, and some would be able to carry in their minds a little wisdom if they were not so *horribly overburdened with conceit*.

The delusions of the paranoiac may be reduced to two, giving rise to the two forms of the disease, *viz.*:

1. Paranoia, with delusions of persecution;
 2. Paranoia, with delusions of ambition or grandeur.
- The latter has been subdivided into:
- (a) Religious paranoia;
 - (b) Erotic paranoia;
 - (c) Jealous paranoia, etc.

Delusions of persecution and grandeur may be associated primarily, or the ambitious delusion may arise as a logical outcome and explanation of the delusion of persecution. He believes he is persecuted, therefore he must be great; or he believes he is great, hence his persecutions. In either case his greatness is assured, and his supposed persecutions explained. His hallucinations do not by any means always confirm his belief in his greatness, but if not they usually add to his persecution. He hears vile names applied to him, people on the streets mock at him, the cough or sneeze of a passer-by is a signal of his enemies, and means harm to him; therefore, he argues that he is a person of importance of whom others are envious, and whom self-interest impels to compass his suffering and death. If he lives in a monarchy, some fancied resemblance to the reigning family leads him to believe that he is of royal blood, and thus an explanation

* Italics ours.

is furnished which satisfactorily accounts for his persecutions, and at the same time flatters his egotism and self-love.

If these patients begin to cherish delusions in early life, and cling to them systematically for years, they are not likely to recover. Sometimes if the delusions develop later in life, and the patients are favored with proper treatment at an early stage, *they may get well, or get enough better to become quiet and useful citizens.*" *

Symptomatology.—We have already hinted as to how numerous and variable the symptoms may be in trying to define the condition. For better study and ranking this mass of symptoms, it seems best to divide them into three groups for the three stages usually made of the disease.

1st.—The hypochondriacal stage or that of subjective analysis.

2nd.—The stage of persecution.

3rd.—The stage of transformation of the personality.

In the *first stage* we have *insomnia, restlessness, sadness, dizziness, headache*, etc. The patient cannot understand why he is so nervous and sensitive about everybody and everything in general, but no particular thing or person. There are marked emotional feelings—a desire to cry or laugh, to be alone or to get into a crowd, to kiss someone or spit in their face. He cannot understand why everybody has changed so, why they avoid him or follow him, why they are so polite or rude, etc.

Second Stage.—The patient now hears voices, people are talking to him and about him, cursing him and planning to injure him, financially or bodily. He no longer speaks of his enemies in general terms but as individuals. When the paranoiac begins to call his persecutors by name he has become a menace to society and should be iso-

* Mental Diseases and Their Modern Treatment, pages 139-140.

lated. He may at such a stage commit murder or any other heinous act in the most cunning, skillful, and even diabolical way, as all his other faculties seem keener and more effective than ever. He no longer flees from or avoids his persecutors but seeks them out to fight them or kill them.

Third Stage.—All that up to this time has been partly real and partly false; partly within bounds and partly beyond control. The consciousness of the individual is now completely under the control of this systematized idea of persecution. The autopsychic consciousness has not only been attacked but overpowered.

Some make the progressive mental deterioration and dementia a fourth stage, but most call them part of the third—the end of it.

Prognosis.—The most optimistic teachers of my student days could only say: “*Guarded.*” During the three decades of my teaching, I said *guarded* in the first; *fair* in the second; and *favorable in the third*. With our present knowledge of endocrinology and of child study in our schools and parents’ associations, I am optimistic enough to say *good* at the present day.

HOMEOPATHIC THERAPY.

Coffea.—The young athlete, one of the three cases mentioned, was given Coffea for his *insomnia with mental and physical excitement*. My friend, the old school physician who ordered the usual routine of bathing, etc., said he felt the remedy helped but gave the baths more credit. I considered the Coffea the chief factor and the baths aids. The patient had always been a poor sleeper and very sensitive to both physical and mental impressions. “*He never could stand pain, but always craved praise*” was his mother’s statement. He carried Coffea 30th with

him after that experience and was positive it always made him sleep and rest better.

Platina produced very gratifying results in the following case. Miss D. I., aged 25; 5 feet, 7 inches tall; weight, 154; dark; well-formed; daughter of well-to-do parents. Her mother reported as follows: "Born strong and healthy, weaned at 11 months, the teething process was without any disturbance. At 18 months would amuse herself for hours with her *dolls*, which *were better than those of others, i.e.*, she would not notice her sisters' dolls nor would she play with them. Never enjoyed the society of girls of her age. From 12 to 15 was a poor sleeper, would talk in her sleep about her schoolmates as her inferiors. *Her mother was her servant made to wait upon her.* An old aunt who lived with her was also her servant, created by herself (patient) to help her mother and self. When she matured at 16 she told this aunt that she was glad of the fact because she would soon be the mother of the second Christ. As time passed she was greatly disappointed that the Christ did not appear as expected. At 19 she became morose at this disappointment and wrote a letter to God, asking for an explanation. At 22 came a long spell of sleeplessness with delirium so that she was put in charge of a special nurse and given medicine by a physician which kept her asleep for four days. From that time she seemed about as usual, till seven weeks ago. For some reason she failed to menstruate as usual at that time. About a week later she began to talk about being pregnant and that she would *soon* be the mother of the second Christ. She became more and more excited and sleepless. About four weeks ago they had forced her to take something and the menses had appeared. However this did not help her insomnia, but changed her mental condition. She had received an

answer to her letter to God and been ordered to become the superintendent of a training school for nurses and have one of the nurses make special preparation as an obstetrical nurse so that she could properly care for the infant Christ when she should become His mother. She sent for me as chairman of the board and informed me when she would go to the hospital and take charge. When her mother suggested that they go to see me instead of my coming to see her, she became very angry and threatened to kill her mother."

I went to see her, assured her she could have the position at the date she mentioned, but also told her it would be best for her to go to the hospital at once, sleep and rest, so as to be in better condition for her new duties. She assented. I waited for her to get things ready and took her to the hospital, ordered her put to bed and kept there, to be given two baths in as hot water as she could bear, and to be given five drops of Platina 30th every three hours unless asleep.

She slept two hours the first night and ten the second. She improved steadily so that at the end of three weeks, having forgotten all about her mission of being the mother of a Christ and many of her other ideas, she went home. She soon began to take interest in her relatives and others, and finally became interested in a young man whom she married two years after leaving the hospital. They married and moved away. Fifteen months later I heard she had a daughter. Her mother now and then reports her as well and happy.

These two cases of Coffea and Platina constitute my experience in curing paranoiacs. The other two were not treated with our remedies as the insane hospitals of Iowa do not use them.

And now for a little theorizing. With our increased

knowledge of child life, such as Dorsey, Wiggins, and Watson have given us, plus our knowledge of endocrine therapy, is it not possible to give a more favorable prognosis for paranoia? Knowing as we do now how much of a new-born babe's future depends upon his treatment during the first twenty months of its existence, can we not safely predict that the use of such remedies as *Coffea*, *Chamomilla*, *Sabina*, *Aurum*, *Cannabis Ind.* and others, with the aid of the glandular extracts, will prevent the development of paranoiacs?

I believe we can. I would like to join twelve or fifteen materia medicists to make a special study of the subject and report ten years hence. So much for prophylaxis and cure. For remedies to check and hold mental deterioration of the paranoiacs, see *Argentum nit.*, *Zinc. phos.* and *Strychnia phos.* under paresis.

TETANUS.

To the physician who treats diseases rather than patients, or who treats symptoms irrespective of the tissue or organ which produces the symptoms, the subjects tetanus and tetany have been somewhat vague, uncertain and unsatisfactory to treat. Five years ago, when I published my Practice, I treated tetanus under the head of acute infectious diseases, making the exciting cause the tetanus bacillus. I gave as synonyms at that time, lock jaw; trismus; opisthotonos; according to the nerve center upon which the bacillus acted. Age, climate and races were given as the predisposing causes.

No definite pathology could be assigned to tetanus at that time. I will repeat the symptoms, diagnosis and prognosis given five years ago, as there has been but little change in either of these, but will give the indica-

tions for the homeopathic remedies in connection with the treatment of tetany.

Symptoms.—The period of incubation is considered from seven to fourteen days, yet I had a case develop in less than seventy-two hours. The case was that of a sixteen-year-old boy who shot himself through the leg. He paid but little attention to it and as it was an excessively hot day he went into an ice house and laid down on the ice to cool off. Whether this act hastened the stage of incubation or not I do not know, but think it did. In this case *marked chills* appeared in seventy-two hours and the *stiffness and soreness of the jaws and all muscles followed a few hours after*. *Spasms* of the muscles soon set in so that he could not masticate or swallow after eighty-four hours. At the beginning of the fifth day *opisthotonos* was marked. Intervals of relaxation were few and of brief duration. The *slightest jar, motion, noise or draft of air aggravated the spasms*. The body was covered with a *cold perspiration*, notwithstanding the weather was exceedingly hot. *He voided no urine*. His temperature went up to 105.4. He died before the end of the sixth day after the injury. The above was an extreme case.

Case II.—Another case I had was a teamster, aged 42. His hand was caught by the chain of the tailboard, causing a marked abrasion of the skin and breaking one of the bones. Eight days after, he was brought to the office because at times he *could not open his jaw*. *The muscles of his face and neck were also stiff and he was sore all over, as he expressed it*. *The muscles of the right side of the trunk contracted at intervals and drew the body to one side*; temperature was 100.1; every *noise or jar or touch aggravated* the drawing of the muscles of the trunk and tightened the muscles of the head. *Cold water and*

cold air also aggravated. So pronounced were the modalities that I gave him *Nux vom.* 30th and sent him home to bed. The next day I visited him and found the stiffness greatly increased with little or no change in the convulsions. He had been unable to masticate and could only swallow hot soups or broths. He wanted to know if the medicine was a cathartic as he had had four stools since he was at the office, beginning after midnight. *The stools were watery, yellow and offensive.* The intervals between the spasms were shorter and he was more restless. He was put upon *Rhus tox.* 3rd, five drops every two hours, and hot water bottles were put about his head and body. The next day showed no change. The third day the stiffness was much less and the spasms a little less severe. The fever was gone. The *Rhus* was continued and he was fed per rectum. The patient gradually improved and was on his wagon three weeks after. Three other cases which I have observed had symptoms about the same as stated above.

Diagnosis.—The diagnosis, as made up from the history of the case plus the stiffness and spasms of the muscles, is easy. Poisoning from strychnia produces the convulsions in a shorter time and there is no stiffness between the convulsions.

Prognosis.—This is unfavorable. The earlier the case develops after the injury the graver the diagnosis. Of over 600 cases developing during the first ten days, the mortality rate was 75 per cent. Of a list which developed after 13 days the rate was less than 20 per cent. Another point worthy of mention is that the duration of fatal cases of the disease after its development bears a direct ratio to the time of development after the injury, about as stated in the first case recorded. The experience of the World's War has greatly reduced the mortality rate.

TETANY.

Definition.—It is just as hard to define tetany today as it was five years ago when no attempt was really made. As a matter of fact, the best of the latest authorities say that a *definition is impossible*. There is a sort of feeling, however, that there is a syndrome, a group of conditions which, like epilepsy, may be used as a generic term to describe a condition dependent upon various pathological findings which have not yet been discovered.

Etiology.—Most of our authorities, especially Frank-Hockwart, divide the etiology as follows:

1. Epidemic.
2. Tetany of gastric and intestinal disorders.
3. Tetany of acute infections.
4. Toxic tetany.
5. Tetany from pregnancy.
6. Parathyroid, *i.e.*, due to some injury or disease of the parathyroid glands. Others included tetany of children and several conditions considered under the heading of infantile paralysis.

Pathology.—The majority of authorities believe, but are not certain, that there are *changes in the parathyroid glands or even absence* of those organs. It is positively known that the removal or injury of these glands has caused tetany which was fatal.

Case.—A few years ago a prominent young attorney, one of the leading citizens of Des Moines, came to consult me as to the advisability of having his thyroid gland removed. My advice was to follow the directions of his attending physician. He went to one of the best surgical institutions in the country, had the thyroid gland successfully removed, was taken with tetanic convulsions on the second day and died in a tetanic convulsion on the third day.

Case II.—A woman who went to the same institution for the removal of the thyroid gland, began having tetanic convulsions three weeks after the operation. These convulsions were quite severe. She was put upon *Thyroidin* the 3rd, five one grain tablets four times daily, and one five grain tablet of the thyroid extract every seventh day. The tetanic convulsions were controlled in about two months, but she has been obliged to take the *Thyroidin* at intervals ever since.

Symptoms.—It has been difficult to separate the leading symptoms of tetany from those of tetanus. There is one symptom, however, which I have seen in three cases of tetany which I never saw in a case of tetanus, *i.e.*, the fingers and thumbs drawing together in what is called *the obstetrician's hand*. *The arm flexed or extended and rotating. The toes and feet extended.* The muscles affected may be those of the face, tongue, throat, neck, vocal cords, bladder, rarely the diaphragm and heart. Pain comes with the spasm and continues during the spasm. The spasms may last for only a few minutes, rarely for hours and in one case lasted over a week. Extreme sensitiveness, hyper-irritability of the motor nerves is almost universally present. I have never known a case whose consciousness was impaired. On the other hand I have known delirium and other mental disturbances occur in tetanus.

Diagnosis.—The diagnosis can only be made out by an expert or one with unusual experience in these conditions. Tetany has been mistaken for hysteria and tetanus.

HOMEOPATHIC THERAPY.

I am putting the homeopathic remedies used for the treatment of both tetanus and tetany under the same heading. Let us keep in mind when it is possible to ascer-

tain the fact, the tissue involved, the manner of involvement, *i.e.*, irritation and also the accompanying symptoms of each individual case in our search for symptoms of each particular group.

Nux vomica.—When we take into consideration the *rigidity*, the *spasms*, both tonic and clonic, and especially the *modalities*, *i.e.*, *aggravation* of all the symptoms, especially renewal of the spasms, *by the slightest touch, cold air and cold water, noise and light*, also that even during the most violent spasms, even opisthotonos, the *mind* remains perfectly *clear*, all of which are characteristic symptoms of Nux vom. and of Strychnia it is surprising that neither, in any potency, are effective in more than 40 per cent. of all cases. It is true that the symptoms of Nux are the most severe and dangerous symptoms of tetanus, which fact may account for the failure of Nux. The two remedies have been used in all potencies and doses from the one-thirtieth of Strychnia sulph. to five drops of the 30th of Nux. The 3rd has been most beneficial.

Rhus tox. is the remedy which has been most useful in my hands. I presume it is a mere coincidence but it has saved the life of two patients for me. The case cited above is a good illustration of the symptoms, the *stiffness*, the *restlessness* and the *yellow stools* being the three leading symptoms. I have always used the 3rd in these cases, giving five drops every hour or two.

Cuprum met. has controlled for me a few cases of infantile tetanic spasms. The indications were the same given under laryngo-spasms. The *cause* in all cases was *traumatism*; in one, a rusty nail in the foot. That patient was given five grains of the 6th every three hours for three weeks.

In the second case the cause was a scratch from a kitten which died two days later from diphtheria. The

patient's brother had just recovered from a mild attack of diphtheria. The patient's tetanic attacks were completely controlled by the Cuprum 6th, but there remained a good deal of prostration and tenderness of the throat muscles, also some trouble from drinking anything hot; which a few doses of *Lachesis* cleared up.

Cicuta vir. is better indicated if the *injury* is about the *head* or *face*. The *spasms* are more *tonic* than clonic and are as severe as those of Nux vom. *The muscles of the esophagus are always involved*. The eyes are fixed during the spasms and there is much frothing at the mouth. Aggravation from touch and from motion are the leading *modalities*. Use the 3rd and repeat five drops every two hours.

Auxiliary Treatment.—See that all foreign substances are removed from the wound. This is very important. I had the case of a farmer's boy who slid from a load of hay upon a pitchfork, the tine of the fork penetrating in the axillary space. A part of his shirt was driven into the space. He was given Cuprum for a few days but constantly grew worse. Finally an incision was made over the wound and the piece of shirt removed. The opening was washed out with a *Hypericum* solution. After this the boy made a rapid recovery with the continued use of Cuprum. Keep even temperature about the body. Nourish per rectum. Stimulate if necessary. Use some anodyne for the pain. Spinal puncture at the beginning is considered effective.

THE SYMPTOMATIC PSYCHOSES.

Definition.—Functional disorders of the mind that occur with and are symptoms of various diseases of the different organs of the body. We have already mentioned the delirium of infectious diseases, and that of

the sexual and digestive organs. We desire to consider another because of the frequency with which they are met by the general practitioner.

UREMIC DELUSIONS.

Definition.—An auto-intoxication, resulting from some kidney disease. This may be either acute or chronic.

Etiology may be anything which interferes with the normal functioning of the kidneys.

Diagnosis.—This is not difficult in the simple acute form. It may be mistaken for brain tumor when there is not complete suppression of the urine, and the blurred vision, headache, and nausea and vomiting are found in the group of symptoms. The sudden onset of the attack and findings of the urinalysis will decide.

Prognosis.—Good for all simple, acute, uncomplicated cases. In the sub-acute complicated cases it will depend upon the complicating condition and should be guarded.

Symptoms.—We may have any or *all the abnormal mental symptoms*; the *expansive form*, e.g., *delusions, hallucinations, partial or complete unconsciousness*; or the *depressive form*, according as the delusions are grandiose or depressive; *anxiety; fear; fear of being persecuted or ill-treated*. We may also have physical symptoms like *restlessness, headache, vomiting, blindness*, etc.

HOMEOPATHIC THERAPY.

Cantharis.—To illustrate a case in which a “sense of persecution” was marked, the following is given.

A medical student, senior, hard working, conscientious, attentive, was attending lectures one P. M. I noticed in the lecture between 4 and 5 that he was *restless, inatten-*

tive, flushed face, sparkling eyes. At the close of the lecture he hurried to the toilet. On his return to the 5-6 lecture he seemed more restless than ever, would look at his watch every three or four minutes and the rest of the time sat gazing at the chandelier. As it was becoming a little dark, I stepped from my desk and pushed the electric button. As the light flashed, he jumped to his feet and shouted: "You —— cruel old professor, here you have been holding our class for the past 36 hours, without the opportunity to get a bite to eat or attend to any of the wants of nature. There —— you!" At this point he hurled his watch, which he had been holding in his hand, at me and started for the platform. His classmates held him and took him up to a bed in the hospital, where they undressed him and put him to bed. He stated he had not voided for 32 hours, though the bladder was empty. He was given five drops of Cantharis 3rd at 5.45, and hot water bottles put over the region of the kidneys. The Cantharis was repeated every fifteen minutes. At 9 P. M. he voided five ounces of urine and then went to sleep. At 9.45 he waked up and asked the nurse to call me. He then seemed normal and gave the following report: Had been studying hard for the exams. *Had not slept any after midnight for four nights.* Had been extremely restless for a week. Had been thirsty. He then said that he had prescribed Arsenicum alb. for himself, in the 6th, every three hours. During the ten-minute recess between 5 and 5.10 P. M. he had rushed to the urinal to void but *could not "pass a drop."* As he came into the recitation room and saw me, *something seemed to whisper:* "There is the tyrant who is the cause of all your trouble. He is keeping you here to kill you. Kill him and save yourself and your classmates." When he saw me push the button the voice said: "Now is your

time. He is turning on the light to keep you here all night." Then he threw the watch and started for me.

I sat with him till about 10.30 when he again voided, ten ounces. The Cantharis was ordered discontinued. He was given a pint of hot milk and I left him. At 8 A. M. the next day the report was a "good night;" "voided 42 ounces." He remained in bed that day. The next week he attended my classes, seemingly normal.

Case II.—I had a proving of Cantharis in a young, light-haired girl with pulmonary tuberculosis. She was suffering from an attack of pleurisy for which I was giving Bryonia. A girl friend called on her and informed her that she had just had such an attack and that her old family doctor had put a fly blister on her chest with immediate relief. The friend went to a drug store across the street and brought back a plaster of Spanish fly, about six inches square. She adjusted it nicely and told the patient she would run in, in the morning, and was sure the patient would be well. This was about 6 P. M. At 2 A. M. the next day I was called and found my patient *delirious, fighting all sorts of imaginary objects and getting up every few minutes in a vain attempt to void.* The mother then showed me the plaster with: "Do you suppose this has anything to do with it?" There were nearly two ounces of serum under the plaster which I removed. The patient was put on Arsenicum alb. 6th, five drops every hour for six doses, and then returned to the Bryonia. It took weeks to heal the blistered chest.

Also see the Cantharis case quoted under delirium.

Arsenicum alb.—This remedy has relieved many cases of depression and delirium, due to acute nephritis following the exanthemata. Following suppression there soon appears *puffiness of the face, great restlessness, mental anguish, fear of death* and frequently convulsions. Ar-

senicum, 6th, 12th, or 30th, with hot water over the region of the kidneys will promptly relieve these cases. Arsenicum alb. has also brought relief to patients having the same mental condition, but due to chronic nephritis. For these cases I use the 30th or 1000th and tell the friends that it will take a longer time for the attack and that they are liable to return.

Mercurius cor.—This remedy in the 3rd, three tablets every three hours, for five days, cured the following case of puerperal mania, due to uremia of pregnancy.

Case.—A heavy set, dark, phlegmonous woman, pregnant for the first time. There had been some swelling of the feet from the fifth month to the seventh. Then came a severe convulsion. Her physician was called, took her to the hospital and emptied the uterus because the urine was loaded with casts and highly albuminous. She had five convulsions, three before and two after the uterus was emptied. When she recovered from the anesthetic she complained she *could not see*. Her physician gave her Nephritin, and several baths to cause elimination by perspiration. This checked the convulsions but the mind seemed cloudy and she was constantly *bemoaning the fact that her baby was dead and that she was its murderer*. The albumin continued in spite of the sweats and the medicine. Her husband asked that I take the case with her physician. She was given the Mercurius cor. 3rd and everything cleared up in about three weeks.

Two years later she again became pregnant with our consent (her physician had advised against it), and at about the same period of gestation the feet began to swell. Examination showed albumin in large amount.

She was given Mercurius 6th and the case went to full term. Since then she has had another child without any trouble.

Veratrum vir. is another remedy for delirium and convulsions, due to uremia. See under acute delirium.

Auxiliary Treatment.—Hot water over the kidneys for acute suppression or nephritis. A bland diet, free from condiments and stimulants, especially alcoholic.

There are other psychoses, due to auto-intoxication and abnormal functioning of the ductless glands, like the thyroid, the pancreas, etc., which have been discussed by our psychiatrists. However, the mental symptoms are so rarely the determinative ones of the group that we have not thought it advisable to give space for their discussion, with the above.

OCCUPATION NEUROSES.

WRITER'S CRAMP.

Synonyms.—Fatigue neuroses; Professional neuroses; Professional dyskinesia; Anapeiratic paralysis; Scrivener's palsy.

Definition.—A functional neurosis characterized by spasms, pains and inco-ordination of certain muscles used by the patient in his daily occupation.

Etiology.—A neurotic, hyper-irritability of the patient plus over-exertion, fatigue of the afflicted nerve.

Diagnosis.—Easy. The patient's occupation will usually decide. We are having a much larger number of such patients since the number of stenographers and telegraphers has increased; but whether the per cent. of such patients is greater, I do not know.

Prognosis.—Good if the patient is in condition to rest the affected organ; but as so many depend upon the use of their fingers to earn their living we are certain to have a large per cent. which we can only alleviate.

Pathology.—There are no structural changes in a large per cent. of cases.

Symptoms.—A little stiffness of the fingers is first noticed; then a misformed letter or a false key struck; some patients cannot play a piano, their favorite instrument, but have no difficulty in playing a violin, and vice versa. Then a tired, burning sensation is noticed; then twitching of muscles and finally cramping till the fingers are useless.

Modalities.—Absolute rest is the ranking modality; every symptom disappears after rest of the fingers.

HOMEOPATHIC THERAPY.

Rhus tox. has served me better and in more cases than any other remedy. The *fingers are stiff*, the pains are more in the *tendons* than in the *belly of the muscles*; some *numbness and trembling*. The *modalities*, however, are the determining part of the symptoms, *i.e.*, better from rest (except the stiffness) and warmth, *i.e.*, dry heat like the electric pad; much worse from cold, even cold air. Give the 30th, three times daily and you will enable the poor sufferer to continue to earn a living with comparative comfort, but she will not be cured.

Arnica has proven better than *Rhus tox.* when there was *more soreness* and less stiffness. The fingers are not only sore but ache as if pounded. A blow from someone else or striking the fingers upon anything produces "*excruciating*" pains.

To such patients I have given three doses daily of five drops of the 6th on disks and had them hold the hand in a warm solution of one dram of the tincture to a pint of water. This solution can be kept and warmed over several times.

Stramonium.—Stramonium gave relief to two young stenographers; one a court reporter. *Weakness of the fingers*, with slight cramping was the ranking group symptom. Both were of *tubercular parents* and both *anemic* and *asthenic*. Both received the 30th, five drops on disks, 10 minutes before each meal and at bedtime. Both were put upon a forced diet and cod liver oil. Both were cured of the writer's cramp; one was greatly improved as to her general health, the other was discharged as normal after eighteen months.

Zincum phos. is recommended by most of our authorities; although I have tried it several times it has failed in all cases except one. He was an old court reporter who had been threatened with discharge for inefficiency. The *cramping of the fingers* was only one of a group of many symptoms, showing that the *patient was suffering from paresis with the beginning of degeneration of the brain*. Zincum phos. the 6th, five tablets before each meal, helped the fingers, also held the progress of brain deterioration so that he held his position for nearly six years longer. He finally died of flu pneumonia.

Auxiliary Treatment.—**Rest** and constructive treatment, good food, open air exercise; avoid excitement; take plenty of time for sleep.

VASODILATATION.

Definition.—An abnormal nervous circulation.

Etiology.—Changes in the function of the glands and glandular organs, especially the sex glands, the result of masturbation, other vices or perversions. Some claim that there are perversions of the suprarenals, parathyroid and pituitary glands, also; heat and cold; fear and anger; praise and reproof. Any or all of the above have produced the condition.

Sex.—I never had a case in either boy or man. I did see one of a 16-year-old boy with Dr. A. M. Linn, his patient. I have had many cases among females, both at the age of puberty and at the time of the menopause, about three to one of the former. The more we know about metabolism the more apparent it is that some disturbance in it may be one of the causes.

Pathology.—Not definitely proven. Changes in the number and form or shape of the capillaries have been observed.

Diagnosis.—Easy. Have never mistaken it for anything else.

Prognosis.—Favorable, though more time than would be expected is required.

Symptomatology.—The most determinative mental symptom is *fear of blushing*; the *ranking physical symptom is blushing*; then comes a rapid, wiry, bounding pulse; in half the cases dyspnea, breath short and quick; twitching of the eyeballs, with dilated pupils, bright, sparkling eyes. A well marked demographia has occasionally been observed. The skin may be dry or moist, hot or cold, of the entire body or of a circumscribed area.

In women passing through the climacteric period there

often are, in addition to the chilliness, insomnia, menorrhagia, ovaralgia and ovaritis.

HOMEOPATHIC THERAPY.

Ferrum phos. *Case.*—A young girl of 17, light complexion, junior in high school, tuberculosis on father's side. Was always weak and nervous; also subject to colds and cough on least provocation. Had measles at 11; small pox at 15; matured at 14; menses always too early and too profuse, with much pain the first day and great weakness the last two days and a few days after. She came for relief from "*too rapid and severe pounding of the heart and blushing face.*" The pulse was 142, soft and weak, but regular. You could see the chest movements caused by it. The blood count was less than 2,500,000 and 8,000, hemoglobin 65 per cent.

Her face was bright scarlet red; her eyes sparkling and prominent. When asked what made these symptoms worse she said, *any excitement*, like being called on to recite or spoken to by a stranger or by young men. "At such times," she added, "my feet and hands get icy cold." She also admitted that at such times there was a frequent, almost constant, desire to urinate. "I have suffered worse for the past two weeks with this condition than I did the two weeks I was worst with small pox." She was put upon Ferrum phos. 3rd, five tablets three times daily, and a diet containing iron and phosphorus, fruits and vegetables; also two drams of Hagee's cordial of cod liver oil after each of her three meals. At the end of three months she called herself well, *i.e.*, there was no more blushing. But examination showed the red blood cells still a little below four million and the white 9600. She was then

given Ferrum phos. 30th, one dose daily, before breakfast. This completed the cure.

Ferrum met.—I have found that the two preparations of iron differ: First, the make-up—the phosphate is light, the metal dark; and second, in the heart symptoms—the phosphate has much more palpitation and tachycardia than the metal. There is another point also that my experience has taught, *viz.*, not to give the Ferrum met. low to tuberculous patients. I am sure that fatal results have been caused by the use of the 3rd for such patients. Of late I never use it below the 30th.

Glonoine.—Next to Ferrum phos. comes Glonoine. *“Pulsations” is the ranking symptom, not only of the chest from the heart beat, but also of all parts of the body. Flushed face, but not so bright red as under Ferrum phos., more dusky and at times pallor alternates with the flushes; angina pectoris is often present and in it we get pale and red face in alternation. Climacteric flushings are the ones which most frequently call for Glonoine. Before this period women suffer from delayed or suppressed menses, never too early or profuse as under Ferrum met. or phos. The Glonoine patients are not so self-conscious as are the Ferrum phos. but any exertion causes the palpitation, fluttering and rush of blood through the entire body. There is a great deal of cerebral congestion. The Glonoine patient is plethoric instead of anemic. The 30th acts best for these cases.*

Belladonna acts rapidly and violently on the vascular system. We always associate a *flushed face, bright, protruding, sparkling eyes, throbbing blood vessels, excitement, hyperesthesia of all the senses, self-consciousness, and a rapid change from one condition to another with Belladonna patients. Plethora is equally marked.*

Belladonna is more useful for the age of puberty than that of the menopause. The menses are too early, too profuse, bright red and nearly always *very offensive* in odor. The Belladonna patient flushes not so much from being noticed or spoken to, but from a sudden noise, or touch, or jar. Use the 30th to 1000th.

Auxiliary Treatment.—Aside from that suggested by the *modalities* of the above remedies, the foreskin and clitoris should be examined and treated if needed.

VERTIGO.

Synonym.—Dizziness; Dizzy.

Definition.—Vertigo is not a disease but a symptom of many diseases. A peculiar symptom in that its component elements are both subjective and objective. Every physician with a fairly large practice will have a patient come in almost every day with, "Doctor, I am having dizzy spells every now and then. I just ran in to see what is the matter with me."

If you want to impress such a patient with your erudition, just give him Hitzsy's definition of vertigo, *viz.*, "The perception of disturbances of normal ideas as to our bodily relations to space." Some physicians would consider and inform such patients that vertigo is a trivial matter, a creation of an active mind, and advise them to forget it. Most physicians would take the case very carefully for the purpose of ascertaining what other symptoms are associated with the vertigo group and then inform and treat his patient according to the findings.

A careful and complete examination has revealed the fact that vertigo may be the result of a slight irritation or excitation of a vaso-motor nerve or profound degeneration of the brain mass.

The tissue involved, *i.e.*, the "location" is the nerves;

the nerves which supply the eye; the ear; the muscles; the viscera, especially the stomach; the heart; and generative organs.

Etiology.—Irritation, inflammation, functional changes, and structural changes, one and all may be present and cause the vertigo.

Other symptoms of the group, of which vertigo is the ranking one, may be nausea, vomiting, nystagmus (Meniere's Disease), diplopia, ringing or other noises, palpitation of the heart, pallor or flushed face, amenorrhea or metrorrhagia. Vertigo may be a prominent symptom of paresis, apoplexy, anemia, and various other diseases.

HOMEOPATHIC THERAPY.

Belladonna has cured full blooded, plethoric young women of vertigo, accompanied by *throbbing in the head and carotid arteries*. There was a *tendency to fall backward or to the left*. The attacks were brought on by excitement or violent exertion; more liable to come on in a close room, and relieved by fresh, cool air. Give the 30th or 1000th.

Ferrum phos. has cured the vertigo of light *complexioned, florid* young women and girls who were *anemic* and whose *muscles* were *flabby*; whose face flushes a bright red during the attack; who have a violent headache; who can feel the *pulsations of a rapid heart*. Being startled by the slamming of a door or window or being spoken to or surprised by a visitor, puts them in danger of falling. Give 3rd or 30th.

Glonoine for the plethoric patient. Vertigo with pain in the vertex; *vertigo caused by shaking the head*, especially when throwing it back; an *intoxicated feeling when stooping*, vertigo with flushing of face and fainting.

Nux vom.—The *great remedy* for *gastric vertigo*, vertigo which comes on after eating, in the *morning* after a night's debauch; vertigo *worse* from *mental exertion* or *drinking wine*. See other symptoms under headache and hypochondriasis. Nux has helped in preparations from the tincture to the 1000th.

Gelsemium.—For vertigo due to improper functioning of the eyes. Diplopia is a marked symptom of this group. An intoxicated feeling with a tendency to stagger, "vertigo even unto falling." The accompanying symptoms are "*head feels enlarged and full*," *vertigo with dimness of sight*, worse from smoking. Give the 3rd or 30th.

Conium.—Vertigo as if the patient were turning around in a circle. He may be standing or sitting still or lying on a bed. When in a chair or bed they seem to be going around the room with him.

I had a peculiar experience with an old man, a former superintendent of public instruction of Iowa. He and I had attended a banquet of the Amherst club the night before. He had spoken for nearly an hour. He sent for me the next A. M. He was in bed, and said: "This bed goes around the room three times then stops suddenly and goes straight to the ceiling and holds me up in that close air till I'm nearly suffocated, when it drops down and soon repeats the process." Three doses of the 6th, five drops at a dose, two hours apart, cleared up the case completely. The attack made quite an impression on him, so that for months afterwards he would ask, "Did you ever have such a case before?"

China.—Next to Nux vom. China has helped the largest number of my vertigo patients. *Vertigo with faint spells*; vertigo of *anemic patients*, caused by the loss of blood; vertigo with *terrible ringing* in the ears, with an

intense throbbing headache; vertigo on raising the head.

These patients are not only anemic, but also neurotic and often hysterical. For the acute cases use the 3rd or even the tincture and repeat often; for the chronic give the 30th twice daily. The dose of the 1st or 3rd should be ten or fifteen drops; of the 30th, five drops. With the above remedies I have cured many patients suffering from what may be called physiological vertigo. For vertigo, the result of some structural changes, see other remedies and their indications under the sections devoted to apoplexy, paresis, tabes dorsalis, dementia precox, and paranoia.

CHAPTER IV.

STRUCTURAL CHANGES.

THE DYSTROPHYS.

Fifty years ago little was known and less taught about the dystrophys. It was a question during the first decade of that period whether the mental abnormalities of those suffering from the dystrophys were the cause or effect of the conditions. At that time we were taught little about any other than the thyroid gland. Bronchocele, cretinism, scrofula, were terms used when teaching what was taught fifty years ago about the glands or rather *the* gland.

During the last half of the last decade, however, much study has been put on the glandular system. Many divisions have been made of the three terms mentioned above, such as progressive muscular dystrophy, myotonic dystrophy, dystrophia adipoeogenitalis, status thymicolymphaticus, hyper- and hypo-thyroidism, pituitary shortness and cachexias, etc., etc. But in spite of all the intensive study, the etiology and pathology are far from being perfectly understood or described.

Autohemic and glandular therapy have both obtained well-deserved recognition from physicians and laymen who are open minded and honest enough to give credit where credit is due. Some homeopaths claim that autohemic therapy is the purest homeopathic therapy. Some of our homeopaths also claim that endocrine or glandular therapy is homeopathic, *i.e.*, that the gland of a sheep resembles the same gland of the human.

By me, a remedy is not classified as homeopathic unless proven on the human and the results verified. It matters not to me whether the proving or the verification comes first. That *phytolacca* was used for caked udders before it was proven on women makes the remedy as officially homeopathic as if the reverse were true.

In the homeopathic therapy are found remedies which have an "elective affinity" for both glands and the brain and nervous system. This fact has been firmly established by the experience of careful scientific observers for over a hundred years. We know what the effect of certain drugs is on the function of the brain and nerves. We also know a little, a very little, about what certain drugs have done on the structure (tissues) of the brain, nerves and glands, but the pathology of all the conditions mentioned is far from satisfactory, reliable, or useful.

Nevertheless, we will give what little we have, not as scientifically proven facts but as plausible theories for the little help it will give us in selecting the indicated remedy.

IDIOCY.

The time was when a child so abnormal mentally that "he could not attend to the wants of nature" was called an idiot. He was not classified. Today he is classified as follows: Apathetic, excitable, sensorial and savant, according to the mental symptoms; amaurotic family, epileptic, hydrocephalic, inflammatory, microscopic, paralytic, sclerotic, syphilitic and thyrogenous, according to the physical symptoms; also American Indian, Mongolian, and Negroid, according to the type. Some divide the thyrogenous.

Pathology.—I held an autopsy in the case of a four-year-old child, born a hydrocephalic, whose head measured more than three feet in circumference; whose skull

was simply a bag of water. I was present at the autopsy of a child, born an idiot, whose head measured only eight and a half inches. The brain substance resembled cartilage. A study of the different varieties will reveal what the other findings may be.

Prognosis.—This, of course, is unfavorable, but we are curing and helping ten times as many patients as we did fifty years ago and further study and use of the glandular remedies will make the prognosis still better.

Symptoms.—Unless the physical abnormalities are pronounced, the first symptoms observed are difficulties in taking nourishment either from the breast or bottle. In a case I was called to see, the mother's first remark was, "Doctor, my babe does not seem to know how to nurse and I have hard work to rouse him when he should be fed." The second symptom in this case was a stupid, vacant look or stare. This was noticeable when the child was six months old. During that time and for three months afterwards he cried most of the time. He did not begin "to cut his teeth" till he was eleven months old. He could not use his legs even to stand till he was twenty-two months old. He was a restless, easily excited child, though he had a brother born four years later who was indifferent to his surroundings and could not be made to take notice of anything. In other respects the symptoms of the two were much the same. This gives us another classification of idiots, *viz.*, the apathetic and the excitable.

The above are mental symptoms, about which I wish to say a few words before taking up the physical.

The *mental* symptoms, even of dystrophic patients, should be given a higher rank than the physical, but the subjective cannot be ranked higher than the objective, as is the case in other conditions. The statements of an

idiot about his sensations and *modalities* cannot be relied on in most cases. By taking time enough to carefully observe his actions as he tries to express himself we can usually interpret him.

Physical symptoms.—These are often more important in cases of idiocy than in most conditions. As the “location” includes both the brain and glandular organs, it is of great help to know what gland or glands are affected and in what way, *i.e.*, whether simply functionally or both functionally and structurally.

HOMEOPATHIC THERAPY.

As the symptoms of our remedies which are useful for idiocy are the same as are found under the other dystrophys, only the name of those which have been most helpful will be given under each of the different dystrophys and the indication for each given at the close of the section.

Remedies.—Baryta carb.; Baryta mur.; Calcarea carb.; Calcarea phos.; Graphites and Phosphorus.

CRETINISM.

Synonyms.—Goitre was a term, used years ago, which included, among many other conditions, Cretinism. Among the other terms were those we have since named: Cachexia strumipriva, Hyperthyroidism, Pachydermic cachexia, and even Exophthalmic goiter.

Definition.—The form of cretinism we are considering is the one in which the patients have hypertrophy or other enlargement of the thyroid gland, plus a mentality ranging all the way from the lowest form of idiocy to the highest, most favorable form of imbecility.

Etiology.—Any of the causes mentioned under the general term dystrophys.

Pathology.—Again see under the dystrophys.

Symptomatology.

Mental.—These are almost identical with those of idiocy.

Physical.—These are, for the most part, found in the thyroid gland.

Prognosis.—Good for longevity of life; fair for improvement of the mental condition.

AUXILIARY TREATMENT.

Surgery is a great aid to our homeopathic remedies. The glandular remedies are also producing good results, especially thyroïdin which has been proven. Among the other homeopathic remedies which I have used with varying success are: Calcarea carb., Calcarea fluor., Calcarea iod., Hepar, Spongia and Iodine. For indications see Hyperthyroidism.

Water, free from all minerals (distilled) should be used exclusively if possible.

HYPERTHYROIDISM.

Synonyms.—Exophthalmia, Exophthalmic goiter, Basedow's disease, Graves' disease.

Definition.—This is the opposite of hypothyroidism in that the thyroid gland is enlarged when it is affected at all. Although we generally consider exophthalmia a synonym of hyperthyroidism, we meet a few cases of the former in which the thyroid gland is not affected. As between the mental and nervous group of symptoms the nervous is much more frequent.

We therefore define the condition as abnormal functioning of the nerves, especially those of the heart (tachy-

cardia) and the hands (tremors) plus an abnormal condition of the eyes and thyroid gland.

Etiology.—Lilienthal gave it to us in one short sentence, *viz.*, “A neurosis of the sympathetic nerve.” Later, Dickinson gave as the predisposing cause: “Highly excitable, hysterical temperaments and constitutions; and among the exciting causes, debility—from loss of blood, long continued diarrheas, fright, anger, excessive mental work or worry.” To the above have been added:

Sex.—Women in the ratio of 2 to 1.

Age.—From puberty to the menopause, during the most active period of the sexual organs.

Pathology.—Valvular lesions and hypertrophy of the heart, in some cases; no changes in heart tissues (structural) in other cases; enlargement of the thyroid gland, usually one side, in most cases; no such change in the thyroid in rare instances.

Some claim structural changes in the eyeballs, either hypertrophy of connective tissue or fatty tissue or both; others insist that there is no such change. I remember seeing a case with Professor Dickinson, a woman 42 years old whose eyes were very prominent two days before her death from pneumonia, but which suddenly became normal at death.

Diagnosis.—This is not difficult. The four prominent symptoms, *viz.*, tachycardia, exophthalmos, tremor and enlarged thyroid glands makes the diagnosis easy. At the very first, it may be mistaken for functional heart disease, but development of one of the other symptoms will soon decide.

Prognosis.—Doubtful or guarded as to cure; favorable or good as regards longevity of life.

Symptomatology.—Palpitation and tachycardia are the two symptoms which have induced the patients to seek medical advice in the great majority of my cases.

The personal history in most cases shows that some organ, usually the sexual organ, has been functioning abnormally for some time. The palpitation and tachycardia were not prominent at first, but gradually grew worse so that the least exertion or excitement sent the pulse up to 130-150 or even higher and the palpitation becomes visible across the room. In a few cases I have felt a thrill through the carotids. Later protrusion of the eyes appears. The enlargement varies greatly. I have seen it so large that the lids could not be closed, causing much discomfort from the size and dryness of the eye ball. It is seldom that the vision is impaired. The above are the special symptoms. The general symptoms are also marked. The patient is irritable, the temper changes; insomnia often exists; menses become irregular or cease altogether, appetite is variable; flushing and flashes of heat are frequent.

HOMEOPATHIC THERAPY.

Ferrum phos.—This remedy has relieved or cured more cases, for me, than any other single remedy. Tachycardia is the ranking symptom of the group. The pulse is very rapid, yet full and soft. The eyelids feel dry and rough, as if sand were under them. The face flushes a bright red under the least excitement. Boericke * explains this symptom with the following sentence found under Ferrum met.: "*Heart suddenly bleeds itself into the blood vessels, and as suddenly draws a reflex, leaving pallor of surface.*" The menses are too frequent and too

* Materia Medica, 8th Ed., page 332.

profuse. Patient is sleepy from exhaustion, but the sleep is disturbed by unpleasant dreams and unrefreshing. The remedy has little effect upon the eyes. The Ferrum phos. patient is always profoundly anemic.

If anemia is more marked than the neurosis, give the 3rd, five grains before each of the three meals and at bedtime; if the neurosis is worse give the 30th night and morning.

Belladonna.—This remedy acts powerfully on the brain and nerves, on the heart and circulation, and on the eyes. The thyroid is very rarely affected. The patient is excitable; worries over trifles; is violent in emotions; the pulse is full, rapid, bounding; there is throbbing in the carotids; the temperature of the skin is increased, the skin may be moist or dry; the eyeballs are prominent, pain deep in the eyeballs, the pupils dilated, the mucous membrane dry, the lids stiff, swollen and dry; occasionally the Belladonna patient will have some tremors. The patient is full blooded; the blood pressure is high. Give five drops of the 30th every three hours during the day.

Iodine.—Notwithstanding the fact that some physicians say that Iodine has no place in the treatment of this disease and that others say its use aggravates the condition, I feel confident that the proper use of a proper preparation of Iodine has not only brought relief to, but cured many patients suffering from this disease. In the first place we have no other remedy which has so marked an affinity and so profound an effect on the glands as Iodine and its compounds. It is a well-known fact that a certain amount of Iodine is found in the thyroid gland and that the particular form of the drug there found most nearly resembles the form of Iodine which exists in sea water, that form which Dr. Arnulphy claims is most active on the nerve centers. I am equally sure that in the

cases in which it has caused aggravation the cause was too large doses. The make-up of the Iodine patient resembles Ferrum phos. more than Belladonna, *i.e.*, the patient is anemic, not plethoric. The Iodine patients, however, are dark, while the Ferrum are light. Unlike both of the other remedies it acts much more frequently and powerfully upon the thyroid gland than upon the eyes, the heart or the nerves. Under throat we have: "Goiter with sensation of constriction; swollen submaxillary glands; thyroid enlarged; larynx feels constricted." Under respiratory organs: "Pain in larynx; inspiration difficult; also violent heart action." Under heart: "Palpitation from least exertion." Under skin: "Flashes of heat all over the body; profuse attacks of sweating in patients whose skin is usually very dry." If added to the above you remember the marked emaciation of the drug you will note that Iodine has many of the symptoms of hyperthyroidism. I generally use five drops of the 3rd, four times daily.

Spongia tosta.—In this remedy we have Iodium in an unique setting, a setting which changes the entire make-up of the drug. Instead of the "dark hair, dark yellow and tawny skin; excitability and restlessness," we have the *light hair, fair complexion and lax figured patient*. As is the rule for exophthalmic patients, mental excitement aggravates all the subjective symptoms of Spongia and some of the objective, especially those symptoms caused by pressure on the larynx like constriction, dryness, heat, and feeling as if a plug is in the larynx. Under heart we find: "Awakened suddenly after midnight with pain and suffocation; surging of heart into the chest as if it would force out upward; rapid and violent palpitation with dyspnea, cannot lie down; hypertrophy of heart, especially the right." Under skin:

"Itching, swelling and induration of glands." As under Iodine so under Spongia, during the menses the patient wakes with suffocative spells. Use 2nd or 3rd potencies.

Lycopus Vir.—With this remedy the heart is the most marked of the four pathognomonic symptoms. Professor A. E. Hinsdale found that: "It lowers the blood pressure, reduces the rate of the pulse beat and increases the length of the systole to a great extent." Under the heart the following symptoms have been verified many times: "*Heart's action tumultuous and forcible; pulse weak, irregular, intermittent, tremulous, rapid, palpitation from nervous irritation with constriction and oppression in pre-cordial region.*" Eyes feel pushed out, with tumultuous action of the heart, is another prominent symptom. It has been used from the 1st to the 30th. I find that the 3rd is the better for this group. This is what is called the "stock" remedy for the homeopaths.

Auxiliary Treatment.—This is very essential to success in the treatment of exophthalmia. As the disease occurs most frequently in persons of weak constitution suffering from the different diatheses and often dyscrasias, the general treatment should be directed toward the improvement of all these conditions. As has been suggested, rest, freedom from excitement and worry; sleep, diet, proper care of the eyes and eyelids, *i.e.*, keep them clean and yet moist, lubricated. Then comes the use of electricity which should be continued for several weeks or even months. Ice bags over the heart have been recommended for severe attacks of tachycardia. I have had help from cold in such cases but prefer hot fomentations. This brings us to the surgical treatment which I consider auxiliary treatment because I am of the opinion that surgical treatment without drug therapy and other treatment in this disease is not only not beneficial but detrimental to

the patient. One author states that out of nearly 190 operated cases collected by him 74 were completely cured, 45 were improved and 23 died, but he does not say whether medical treatment was given or not; neither does he state what operation was performed. This is the most favorable report I could find. There are almost as many different forms of operations as operators. One believes in and performs a complete extirpation, another a partial; one prefers resection of the sympathetic nerve, while another ligates the thyroid artery; one recommends that in all severe cases of the disease the thyroid be removed. While there are so many different opinions as to what the operation should be, and what the preparation should be for the operation, all are of one mind, that in acute hyperthyroidism, or during an acute exacerbation of a chronic case, any form of operation is contra-indicated.

MYXEDEMA. HYPOTHYROIDISM.

Synonyms.—Cowperthwaite¹ gives Athyrea, Sporadic cretinism, Pachydermic cachexia and Cachexia strumipriva.

Osler² writes of three varieties: Congenital, true, and operative myxedema.

Anders³ makes hypothyroidism and sporadic cretinism the synonyms of myxedema.

Definition.—An abnormal mental state due to the fact that the thyroid gland never developed, or, having once developed, has disappeared through operative or other means. Very rarely we find a case of myxedema with an enlarged thyroid gland following exophthalmia, but as

¹ Practice, page 543.

² Osler's Practice of Medicine, Vol. VI.

³ Practice of Medicine, page 500.

a rule the myxedemic patient has little of any thyroid gland tissue; just the opposite of the hyperthyroid cretinism.

Etiology.—Anders' * statement corresponds most nearly to my experience. Anders, in a study of all reported cases since 1905, finds the following etiologic factors of importance:

Nationality.—The majority were *Americans*.

Race.—The *white* race predominates. Only 3.7 per cent. of negroes were reported as having the disease.

Age.—The age ranges from *twenty-one* to *sixty-nine* years, with an average of all cases of forty-five years.

Sex.—The incidence of the disease among *women and men* was 5 to 1, and of the women the multipara are more frequently affected.

Heredity.—This plays a minor but definite etiologic role.

Previous Infections.—These occupy an inconspicuous place. The thyroid was destroyed by actinomycosis in a reported case of myxedema. Myxedema may also be secondary to exophthalmic goiter. Pregnancy may cause a disappearance of the myxedematous symptoms (Osler). The symptoms may reappear after delivery."

Pathology.—Much is given, but little definitely known except loss of the thyroid gland and a rough, thickened skin.

Symptoms.

Mental.—The psycho-motor action has developed very slowly. *Thinking* is a *slow* process; the process of bringing up past events (*memory*) is still *slower*; there may be great *irritability*, or *hebetude*, alternating with *excitability*; then *worry*, *suspicion*; have all sorts of *illusions* and *delusions* and finally become completely *demented*.

* Practice of Medicine, page 500.

Physical.—*Want or loss of the thyroid gland; skin, especially of the face, swollen, tense, dry, rough, hard; edema of, or rather infiltration of, the mucous membrane; hair and teeth fall out; gait clumsy, uncertain and in bad cases completely lost; temperature below normal; and abnormalities of the sexual organs.*

When you compare the above symptoms with the etiology you will readily see that they must be divided into different groups to meet the age, *sex*, and other conditions. We have seen hypothyroid and hyperthyroid idiots, aged three months, three years, thirty years, sixty years, and even older. Such facts must be taken into consideration in grouping your symptoms.

HOMEOPATHIC THERAPY.

Thyroidin, Iodine and Spongia.

Thyroidin.—All of the three schools of medicine using drug therapy agree that **the** remedy for myxedema is Thyroidin. But there is as much diversity of opinion as to *how* it should be used as there is unanimity on the results if properly used. Although we have passed through the experimental stage of preparing and using the thyroid extract or the gland itself, no one is prepared to say what form or what dose is the best. Nor is anyone so thoughtless as to say that the same dose of the same preparation will act the same on every and all patients, or the same on the same individual at all times.

To Illustrate.—Two patients went to the Mayo's and had the thyroid gland removed. Both developed symptoms of myxedema as the result, but the symptoms were not the same. Both were told to take one grain of "dry thyroid extract tablet" night and morning. The one was greatly improved by its use; the other was made decidedly worse. The one who was improved stated that if she

discontinued its use for a week her "rapid heart beat, severe congested headache, chilliness and mental symptoms returned." When asked to elucidate the word "mental," she hesitated but finally said: "I suspect my husband of spending his nights with her." By "her" she meant the other patient who was operated and who sat with us, in my office, at the time.

What she wanted to know was if she must take the "stuff" all her life. I replied that I did not know but would try the effects of Spongia 3rd, five drops before each meal. She was not to take the two grains of the extract unless the symptoms returned and were severe. She had been taking the extract for about ten days without intermission at that date and was free from the group of symptoms.

Eighteen months later she could say that the interval between the times she was obliged to take the extract had increased and the number of doses she was obliged to take decreased till she had not been obliged to take the extract for five months.

The second patient, whose group of symptoms were aggravated by the using of two grains of the extract daily, was put upon B. & T.'s Thyroidin 6th, five tablets at a dose, night and morning, was greatly improved and at present is obliged to take a dose only occasionally. This patient sent her cousin who was suffering from nearly the same group of symptoms, with the following note: "I have given her some of my medicine and it does her no more good than so many lumps of sugar." I gave this third patient Luyties' Thyroidin 1st, with the best of results.

Iodine.—A fourth patient, more nearly like the first mentioned above, was given Thyroidin in the crude, the 1st, 3rd and 6th for the purpose of ascertaining if she

could dispense with it in any potency, but without success. I then tried Spongia as I did in the case of the first to see if it would produce the same result, but it failed. I then gave her Iodine 3rd with the same directions as those given in Case I, with perfect success, *i.e.*, she can now get along without either the extract or the Iodine. She was a dark, spare, nervous woman; the other was light, fleshy, and jolly.

Experience would lead me to say that the thyroid extract, either crude or potentized, is indicated in 99 per cent. of cases of myxedema; that it must be administered in different potencies and at different intervals to different individuals the same as we do our other remedies; and that the two other remedies which, either in connection with the crude thyroidin (which I consider a food and not a homeopathic remedy) or alone, are Iodine and Spongia.

Auxiliary Treatment.—This differs according to the form. For the congenital form, food and drink that is rich in lime and phosphorus.

The patients in both forms should be warmly clothed and given a good, nourishing diet.

CEREBRAL HEMORRHAGE.

APOPLEXY.

Definition.—Hemorrhage in the cavity of the cranium, including the meninges.

Etiology.—*Age* is the greatest predisposing cause. The disease occurs most frequently between the ages of fifty-five and sixty-five. The tissues of the brain of children from birth to eight are such as predispose to this disease. This predisposition grows gradually less from birth to ten and is almost absent from ten to forty. The

three next most common conditions predisposing to apoplexy are: Syphilis, alcoholism and gout, which alter the coats of the blood vessels. Exciting causes as a rule are anything unusual which increases the amount of blood in the weakened blood vessels, *e.g.*, great excitement; straining at stool; lifting heavy weights; tumors; etc. In a few cases the weakened blood vessels seem to rupture without any exciting cause. The post-mortem of patients found dead in bed with the bed clothes undisturbed shows that in many cases there may be no exciting cause. In a series of cases, of over two hundred, there were over 50 per cent. which had no exciting cause. Transient apoplecticiform attacks may occur as the result of a greatly increased amount of blood in the normal blood vessels when tumors, paresis or multiple sclerosis are the cause.

Diagnosis.—Diagnosis is by no means easy and mistakes are often made. Profound alcoholic intoxication, narcotism, syncope, attacks of epilepsy, puerperal convulsions, hysterical coma, have all been mistaken for apoplexy. Dickinson says: "The previous history of the patient, the characteristic phenomena preceding the coma, and the absence of stertor, serve to exclude hysteria. Epilepsy is diagnosed by the chronic spasms, difficult and noisy respiration, bitten tongue and foam on lips, occurring prior to the comatose condition. Profound intoxication very closely resembles apoplexy. The diagnostic points are the odor of the breath, absence of stertorous respiration, soft, frequent pulse, dilated pupils. In coma from narcotic poisons there is no stertor except under Opium, in which the pupils are very much contracted, and the patient can be aroused for the moment."

Prognosis is not good. A certain per cent. may recover sufficiently to take up and carry on their former vocation, but I have never known a patient whose attack

was severe, that did not later show some effect mentally or physically. With the majority of those who recover from the first attack the second or third proves fatal.

Pathology.—The amount of blood effused may be large or small, the severity of the attack usually being in proportion to the amount. The hemorrhage is most often found in the cerebrum, rarely in the cerebellum. It may be in either hemisphere or in both. When the ventricles are entered the blood may escape into the subarachnoid space. The white matter of the brain is found broken and the space filled with the blood clot and some gray matter. If the amount of the blood is small there may be merely a separation of nerve-fibers. Other changes occur depending upon the duration of the case. If death is sudden the brain tissue about the clot is simply tinged a pinkish hue due to absorption of serum. If more time elapses we find evidences of inflammation, softening, etc. The clot may become encysted and remain so, or, if the clot is small, cicatricial tissue may form within. Miliary aneurisms are often found in the vessels of the brain. Other changes found resemble those of arterio-sclerosis.

Symptoms.—Although the word means to strike violently and in the majority of cases we have few or no premonitory symptoms, yet in a fair per cent. of cases there is a sense of fullness and weight of the head, tinnitus aurium, vertigo, severe and continuous headache, and flushing of the face. These premonitory symptoms occur in about one case in nine, and in one-half of the nine cases the patient appears to feel better than usual just before the blow falls. The usual symptoms of an attack are loss of consciousness and voluntary motion, causing the patient to fall; stertorous breathing, with a puffing out of the lips and a flapping of the cheeks during respiration. The respiration is slow and somewhat irregular.

In some cases unconsciousness comes on more gradually, being preceded by disturbance of speech, stupor and paralysis. In still other cases the coma and paralysis may not be sufficient to suspend all voluntary action, one side only being affected. The face is usually flushed, often a dark red; the temperature is subnormal as a rule; the eyes being either contracted or dilated or one eye may be contracted and the other dilated. According to some, nausea which cannot be otherwise accounted for indicates the approach of an attack, especially in persons between the ages of forty-five and sixty. Vomiting also precedes the attacks in some cases.

Prognosis.—Any of the above symptoms may continue only for a short time and then consciousness returns and general improvement sets in, or they may continue for some days before any change occurs and then the patient gradually recovers. If, however, the coma continues unchanged for any considerable length of time or if it grows worse, we may look for a fatal termination. The attacks may prove fatal in a few minutes or may last for days and even weeks. Apnea is the usual cause of death.

THROMBOSIS.

Definition.—A thrombosis is a stationary clot formed in a diseased artery, vein or sinus. A part of a thrombosis may become detached from its original clot and carried on in the blood stream till it is arrested by the caliber of the blood vessel when it becomes an embolus.

Etiology.—The causes of thrombosis are many. From our statement above we see that it may be caused by the lodgment of an embolus. It may result from disease of the walls of the arteries, *viz.*, atheroma, or arteritis due to syphilis; from abnormal conditions of the blood, especially those which have a tendency to cause unusual coagu-

lation; from traumatism; or even the ligation of an artery. The arteries involved are the middle cerebral, the basilar, the internal carotid and the vertebral. The causes of thrombosis in the veins and sinuses may be due to general or local conditions, primary or secondary. The secondary is more frequent than the primary, resulting from neighboring seats of inflammation, from caries of bones, meningitis, and may even result from an injury to the skull.

The primary cases arise from such conditions as marasmus in children; phthisis; carcinoma; abnormal conditions of the blood, like anemia; and sclerosis.

Pathology.—In the majority of cases of primary thrombosis its first location is in the superior longitudinal sinus extending from that sinus into the blood vessels of both sides, also into the lateral sinuses of one or both sides.

In secondary thrombosis the sinus nearest the seat of the disease is the first to suffer. The blood vessels leading to the sinus become distended at first, then rupture and infiltrate the pia mater and other brain tissue. Sometimes the ventricles may fill. The softened tissues now become red, yellow, or white, according to the location. As most of these cases are septic, abscesses may form.

Symptoms.—Naturally these will depend upon the location and severity of the attack. The symptoms resemble those of apoplexy at certain stages. This is mostly true of embolism, which is usually sudden in its attack, *i.e.*, without premonitory signs, and usually renders the victim unconscious. In addition, we may have shock and coma, which are often fatal; delirium; convulsions. Rarely the onset of thrombosis may also resemble that of embolism and apoplexy, but more frequently we have premonitory symptoms such as vertigo, tinnitus, numbness, headache, etc.

EMBOLISM.

Synonym.—Cerebral softening.

Definition.—Embolism is the occlusion of an artery or capillary by some substance brought to the spot from some other part of the body in the blood stream. This substance is usually fibrin and as a rule comes from the heart which has suffered or is suffering from some form of inflammation, either acute endocarditis or some chronic valvular disease. The bit of fibrin may be accompanied by a fragment of the valve. If the patient has septic endocarditis the debris is usually septic and gives rise to a suppurative process at the seat of the embolism or to general sepsis. An embolus may also have its origin in a suppurating ear, from an aneurism of a large artery and rarely from the pulmonary vein. Another source of emboli may be in the blood itself. In 1888 Professor W. H. Dickinson wrote in his "Principles and Practice of Medicine" (page 35) as follows: "Certain changes in the quantity of fibrin in the blood may be mentioned. It is increased in inflammatory diseases and decreased in continued fevers, and its decrease bears a direct ratio to the exhaustion and prostration accompanying them. Whether these changes have anything to do with the diagnosis or treatment of diseases I do not know. But the morbid condition of the fibrin of great practical importance is its coagulation in the veins and arteries, forming clots." Dickinson wrote the above fifty years ago. Since then our medical knowledge has advanced so that today we do know what the effect of the increase of fibrin signifies in such diseases as diphtheria, pneumonia and in certain puerperal conditions. We know that, while in apoplexy, remedies which coagulate the blood may be indicated, they are contra-indicated in embolism and thrombosis.

Etiology and Pathology.—In conditions mentioned above clots form and are washed into the cerebral blood vessels, the middle cerebral are most frequently involved, then the anterior cerebral and carotid. The tissues which had been supplied by the occluded vessels undergo softening. The degree and rapidity of the changes depend upon the location, as some areas are better supplied with anastomosing vessels than others. Abscesses occur, especially when the embolus is septic. The softened tissue may be only less firm in consistence or it may be radically changed, the magalin breaking up into granules and the vessels into hyaline or fatty degeneration. The color of the tissue will depend upon the amount of blood and the time which the condition has existed. As the hemoglobin is absorbed, the red tissue becomes yellow. As in apoplexy so in embolism, we may have a large variety of pathological conditions, even to cysts, which may undergo all the changes mentioned under apoplexy.

For the purpose of facilitating the selection of the indicated remedy, I wish, in addition to the above which was taken from my Theory and Practice, to add a few words on the frequency, etiology and diagnosis of these three conditions.

Frequency.—The conditions have greatly increased in number during the past fifty years. A fair estimate of this increase would be 4 per cent. Embolism has increased more than the other two. As these words are being dictated (November 15, 1927) I have seven patients under my personal care. Besides these a prominent business man, aged 44, was buried yesterday, and the most prominent woman of Des Moines, head of the City Finance Department, is to be buried tomorrow.

The business man was apparently in good health on the 11th. The Health Commissioner was stricken at the

City Hall three weeks ago. Both were cases of embolism. The increase of this condition has kept pace with heart disease, especially endocarditis and confirms the statement that endocarditis is the most frequent cause of embolism.

Diagnosis.—The onset and course of the disease during the first few days may greatly assist in our diagnosis as to which of the three forms is present. The following cases will illustrate our statement:

Case I.—Mr. M. L., a plumber, 72 years old, tall, spare, of good habits, had not taken a dose of medicine in fifteen years, was assisting to lift some material into a truck when he suddenly fell prostrate to the ground. We were there about twenty-five minutes afterwards, found the pupils dilated, the pulse rapid, weak, the stertorous breathing, and flushed face. He lived about thirty minutes longer. Post mortem revealed diseased blood vessels which had ruptured and permitted a large amount of blood to ooze into the brain tissue, forming a clot.

Case II.—About twenty years later a business man of sedentary habits, fleshy, a user of alcoholic stimulant and also tobacco. He had suffered some from rheumatism with endocarditis as a *sequela*. While at an evening entertainment and dancing, he became a little dizzy and retired to a seat. About ten minutes later he fell from the chair, unconscious. When seen an hour later, he was still unconscious with a pale face, a rapid, wiry pulse, and left arm and leg motionless. He soon recovered consciousness and at the end of three months the use of the affected limbs was about normal. However, his mental condition was greatly impaired. This grew worse and he died in one of our insane hospitals three years afterward of what the superintendent called cerebral apoplexy. During these three years he had had several epileptoid

convulsions. The degeneration of the brain evidently began with an embolus.

Case III.—I was permitted to attend the post mortem of a man 65 years old, giving the following history:

A mechanic by trade, working a good deal with both lead and iron. His family history was good, his personal history good, except for a few attacks of lead colic, at which times casts were found in the urine, which was scanty and of high specific gravity. While screwing a nut on the thread of a pipe it was said that "the wrench slipped" and he fell to the ground, unconscious. It was supposed that there had been some injury to the head. He recovered consciousness in a few hours but complained of a severe pain at the base of the brain. There was paralysis of nearly all of the organs of the body. Eight hours afterwards there was a second attack of unconsciousness and he died about eighteen hours later. The post mortem revealed a large clot in a distended, diseased artery (Thrombosis) and a small clot further on in the same artery. There was rupture of the artery about midway between the two clots and a large amount of blood into what appeared to be healthy brain tissue.

Of the seven patients which I have under my care at present, five are men, two are women. The one which I have had charge of the longest is a maiden, thin, fair, a seamstress by trade. Eight years ago, while running her sewing machine, she uttered a sharp cry and fell to the floor unconscious. I saw her about an hour later when she had the typical symptoms of cerebral hemorrhage. Both arms and the left leg were involved. She was taken to the hospital and Opium 1000th, in water, was given. Consciousness soon returned and Arnica 3rd, five drops in a dram of water, was given four times a day. Under this treatment she constantly improved so that she

was able to walk and to use her right hand freely; but with only partial use of the left hand. She is now in the home for the aged, fairly comfortable, except that she suffers from headache if she neglects to have the bowels properly cared for.

The last case is a man, retired farmer, thick-set, healthy, rugged. About a year ago his wife had a fracture of the neck of the humerus, which never united. This caused the husband a great deal of worry and loss of sleep. On June 14th he came into my office, saying, "I want something for acute indigestion. I have had *dizzy spells* after eating for the past three or four days." Taking the blood pressure showed 265 over 120. He was given Crataegus 1st, five drops in water, four times a day, and ordered to go home and stay in bed for three weeks. He laughed at the order, saying that it was foolish, but did stay in bed three days. He then came to the office saying he was much better and was attending to a little business. The order was again given and he again refused to obey. On the morning of the 20th of October I was called. I found that at about 8 o'clock of the evening before, while reaching from his chair to the table for a book, he fell out of his chair. As neither my son nor myself were available, a neighborhood physician was called. What he gave I do not know. I found the man unconscious with all the typical symptoms of Opium present, which are also the typical symptoms of many cases of cerebral hemorrhage. The paralyzed parts were left arm, left leg, the muscles of deglutition and phonation. He did not recognize me or anyone else at this time. Twelve hours later he was partly conscious, enough to recognize me. At the morning call I prescribed Opium 1000th, five drops in a little water, to be given under the tongue so that he could swallow. The dose was repeated

every three hours, for twenty-four hours. He was then put upon Arnica 3rd, five drops every three hours. No food for forty-eight hours, then liquid for a week. At the present writing he has the use of his leg, can stand on it, can swallow both liquid and solid food, talk so as to be understood, yet with some difficulty; and slight improvement in the use of his left arm, in which for the past few days there have been muscular pain and twitching.

An incident occurred during my visit the first evening which I think of practical importance enough to record. It was in connection with the deglutition. I was telling his wife about a case of a small boy who, following a severe attack of diphtheria, was unable to swallow. By accident, however, the mother brought him a glass of milk and a drinking tube. The little fellow rolled over on his stomach, put the tube into the glass of milk which had been left upon a chair at the bedside. To the mother's surprise and the boy's delight he could swallow the milk drawn through the tube without strangling or any discomfort. About sixty hours afterwards our patient, after strenuous effort made his nurse understand that he wanted to turn over on his stomach on the edge of the bed. Being in this position, with much more difficulty, he succeeded in making them bring a glass of water, put in on a chair at the side of the bed and get him the glass tube. He could also drink and swallow without any difficulty.

I am citing the above for two practical reasons. First, to assist in feeding our patients; second, to show that it is not always best to tell the friends or nurse the condition of our *unconscious*? patients in the presence of the latter. This patient dropped dead on December 31st, 1927.

HOMEOPATHIC THERAPY.*

There is no other disease which demonstrates the advantages of individualization and careful taking of the case as much as do apoplexy, thrombosis and embolism.

As the tissue affected is the same in all three conditions, *viz.*, the brain, we must look for the individual remedy in that group which has an elective affinity for the brain, *i.e.*, its blood vessels. Location is the ranking essential of the ranking symptom. Many of the symptoms of the three conditions are identical; but the rank of these identical symptoms may vary greatly because of their origin and association with other symptoms of the various groups. To make clear our statement let us take some tissue, say the blood, as an illustration. In apoplexy the quality of the blood may be perfectly normal, but it is the abnormal quantity in the diseased blood vessels of the brain which causes them to rupture. In embolism the blood vessels may be perfectly normal but, in the blood stream, there may come floating along some speck or tissue from a diseased valve of the heart; or from the lung or ear; which speck, however, may be too large to pass through a healthy blood vessel in the brain and the result will be embolism.

In the first case, after you have checked the hemorrhage and absorbed the clot, you should use as a prophylaxis some remedy which has an elective affinity for the coats of the blood vessels, a remedy which has the power to restore them to normal. In the second case, you should use a remedy which has a special affinity for the lining membrane of the heart or lung or for the suppurating ear. In case the speck from these different tissues was septic, then that fact should be recognized in your selection of the indicated remedy.

* Remedies for apoplexy, embolism and thrombosis are all given here under one head.

The condition of the brain tissue at the time of giving the remedy is a very important factor in the selection, *i.e.*, whether we have a cyst, a softening or hardening, etc., of the brain tissue.

From the above we see we must put our remedies into three classes for three distinct purposes. First, to check the hemorrhage; second, to absorb the clot; third, to prevent degeneration of the brain tissue and the recurrence of attacks.

In the first class put Opium, Belladonna, Glonoine, Ferrum phos., Gelsemium. In the second class put Arnica, Kali iod., Mercurius sol., Hepar sulph., Silica. In the third class, any one of the second class plus Hamamelis, Lachesis, Cactus, Strychnia phos.

First Class.

Opium, which in any preparation exerts as marked an influence on the circulation of the brain as any drug in our materia medica. The result, barring the idiosyncrasy of the individual, depends upon the dose, the amount given. Students of my day will remember how William Todd Helmuth used it to prevent hemorrhage in his operations on the brain. As the patient was rolled into the operating room, we noted the *dark flushed face*; the *stertorous breathing*; the *puffing in and out of the lips*; the *flopping of the cheeks*; the *slow, labored pulse*; and the *contracted pupils*. Many times have I seen an exact duplicate of the above picture in patients suffering from apoplexy.

Is Opium homeopathic to apoplexy? Yes, most assuredly. Do the form and the amount given have anything to do with its homeopathicity? Theoretically, no; practically, most decidedly, yes.

To give one-fourth grain of Morphia sulph. to a patient presenting the above group of symptoms, I believe

to be strictly homeopathic; but I as firmly believe it to be impracticable, unwise and injurious to the patient. The reason for my belief? My teaching and my experience. On one occasion Helmuth called us up after he had exposed the brain mass and said: "See those distended blood vessels? Note that the blood does not move in them; but this is the first stage or action. Later we must have the second stage or reaction. Oh! Would that that were not so! How much better for the safety of our patient!" In answer to the question put by one of the students, "What would be the result if more morphine were given?" Helmuth replied: "Either the added pressure on that part of the brain controlling the heart would stop the heart action or a blood vessel would rupture." The man died from hemorrhage due to the operation, which hemorrhage began about an hour after the tumor was removed. I have witnessed two deaths within an hour after one-quarter of a grain of Morphine had been given, "*secundem artem*," to apoplectic patients who had all the symptoms of morphine narcotism before it was administered. The attending physicians told the families that they had been called too late and that such was the outcome in most cases of "stroke." To me one said: "Well, he went a little quicker than he would have done if I had not given the Morphine, but he would have gone anyway." I did not reply but believed then and do now that a certain per cent. of cases so treated would have partially recovered if the large dose of opium had not been given. For several cases like those cited above I have used Opium in the 30th, 500th and 1000th. Not all have recovered but I believe more than would had the physiological dose been given.

Belladonna differs from Opium in that the *pulse* is *rapid* as well as *full*, that the *pupils* are *dilated* instead

of contracted (the opium pupils dilate only just before death occurs) the face is *bright red* instead of dark, and there is *little* if any of the *stertorous breathing*. There is much less *jerking* of the muscles under Opium than Belladonna. Belladonna is very *rapid in its action*, having few, if any, premonitory symptoms. The exception being the throbbing, pulsating headache. Belladonna seems to act in all potencies from the 6th to 1000th.

Ferrum phos. differs from both of the above in that the patient is *always anemic* while the others are plethoric. This fact is determined by the *pallor of mucous membrane*, the *alternating flushed and pale face*, the red being a scarlet bright color. *The pulse, however, is the ranking determining symptom, rapid* instead of slow, like Opium; *wiry*, thready instead of full and bounding like Belladonna. Ferrum phos. has controlled the rapid pulse and thus checked the hemorrhage in several cases for me. I give it in the 3rd and repeat every 20 or 30 minutes.

Glonoine.—This remedy seemed to check the hemorrhage in two cases. One, Dr. W. H. Dickinson's, the other my own. One was a thin, fair, wiry, neurotic woman, the other a light-haired, active man. Both were over 45 years of age; both were school teachers; both were single. The right side of the man was paralyzed; the left side and organs of speech of the woman. The *ranking symptom* in each case was the *violent palpitations of the heart*. These were clearly visible, shaking the chest and abdomen, in fact the entire body. Both patients were unconscious but restless, *i.e., twitching of muscles*. Glonoine in the 3rd, five drops every 15 minutes, quieted the heart in about three hours. I saw Doctor Dickinson treat the man and a few years later I treated the woman.

Gelsemium is the fifth remedy for checking hemorrhage; also for restoring consciousness. Its action will be illustrated by the following case:

A housewife, mother, *stocky, fleshy*, aged 75, had been under severe mental strain, the result of severe illness of her husband, for several years. During the forenoon of June 8, 1922, she seemed to become *drowsy, slow in her movement* and *thick in her speech*. All of these grew worse slowly but gradually until she became *unconscious*. I reached her about 3 P. M., gave her five drops of Gelsemium 3rd in half a dram of water under the tongue. An ambulance took her to our hospital and she was put to bed completely *helpless and motionless*. The Gelsemium was continued, a dose every two hours. The urine was voided freely and unconsciously for over 72 hours, notwithstanding the fact that consciousness was partly restored after 48 hours. There was no fever, the pulse was slow, full, but soft. *The pupils were both dilated. There was no stertorous breathing. The face was a dark red.* The left side was completely paralyzed, both arm and leg. After four days Arnica 3rd, five drops four times daily, was substituted for Gelsemium. Both arm and leg improved so that she has had some use of them since; the leg more than the arm. She has required Gelsemium for colds, flu, etc., ever since. The most remarkable fact about this case is that *mentally she has not suffered in the least*. She was always a bright, witty woman and is so today.

Second Class, to absorb the débris.

Arnica, for promoting absorption, I place at the head of the list of remedies. I frankly confess that my use of this remedy is mostly empirical. This is true because in most cases the patient's mental condition is such that subjective symptoms cannot be obtained. However, many

of the following objective ones may be present. In the first place Arnica is one of our best hemorrhagic remedies, the *hemorrhage* being due to a diseased condition of the *blood vessels*, especially the *veins*. Arnica is also good for *septic* changes in the blood itself. Boericke says: "Arnica is disposed to cerebral congestion." The sensations are *bruised, sore, lame* and Arnica has marked *sensitiveness* both mental and *physical*. The special symptoms of this group are: "*Hot head; with cold body; diplopia; muscular paralysis and retinal hemorrhage; fetid breath; putrid taste; sunken, dark red face; offensive, putrid, involuntary stools; comatose drowsiness; and chilliness of the entire body.*" Give five drops of the 3rd every two hours and keep a cloth on the head saturated with a solution of the tincture one part and hot water four parts.

Kali iod.—In point of frequency, ranks second of this class. My use of it has also been somewhat empirical but not as much so as that of Arnica. I never give it unless the *history* of the case makes *syphilis* an etiological factor. More than that, either the history or the present condition must present the *peculiar headache of gummata, viz., "lightning-like" pains* through the sides of the head, over the eyes and root of the nose, *severe, intense, lancinating, periodic*, worse from heat of pillows or room and also from lying on the affected side. In addition we often have *tender spots* and severe pains in the *cranial bones*. If the history is a syphilitic one with the above symptom given, I use the Kali iod. as soon as the hemorrhage has been checked by one of the remedies mentioned for that purpose. If the luetic condition is not diagnosed till after consciousness is restored I substitute it for whatever remedy is being used, unless very evident improvement can be attributed to that remedy. I have a

feeling that it is complementary to *Arnica*. How do I use it? If the patient has been saturated by mercury but has not had the Kali iod. I give it in large physiological doses, or the 1000th. If the syphilitic treatment has not been abused, *i.e.*, too much mercury or too large doses of the Kali iod. I give the 2nd or 3rd, five grains before each meal and at bedtime.

Hepar sulph.—Acting upon the well known power of this remedy over suppurative processes, Dr. A. M. Linn gave Hepar in the 30th and secured most excellent results. The patient was a man, aged 54, whose mother had died of apoplexy. The mother was a large, fleshy woman, aged 43. The patient resembled the mother. Belladonna had been used to check the hemorrhage. The Hepar was first given about one week after the attack. The indications for its use were: *History of repeated attacks of tonsilitis and furuncles*. The fact that some *abrasions* of the skin caused by the fall at the time of the “stroke,” not only *failed to heal* but continued to suppurate; and finally *profuse perspiration*, offensive in odor and *chilliness* from every draft of cold air. The 30th, five drops, *t.i.d.*, was given for ten days.

Silica.—Silica is also a remedy for patients with a tendency to suppuration. The make-up of the two is nearly identical. Add chilliness to the “suppurative,” “sensitive” of Hepar and you have the make-up of Silica. Both act profoundly upon the skin, causing marked perspiration, but there is *no odor to that of Silica*; more than that, the *skin* of the Silica patient is *fair and clear*, while that of Hepar is the opposite. The head symptoms are *bruised, tearing, throbbing, and stitching*. The *modalities* are also nearly identical. Silica is better than Hepar when the *tissue* to be absorbed is *cicatricial and hard*, rather than inflammatory and soft. Dr. C. W. Eaton

greatly improved the paralyzed condition, also the general health of two patients by the use of the 30th. Dr. W. H. Dickinson also secured continued improvement in the case of a woman, aged 63. Hepar 12th had acted well for a few months and then seemed to have lost its effect. Silica 30th was then given with excellent results.

The remedies mentioned above have, in my experience, been helpful in checking hemorrhage and in absorbing the products of hemorrhages, including pus, cysts and cicatricial tissue.

Third Class.

Let us now consider a few remedies which I am sure have prevented further attacks and made more comfortable patients, who suffered from one or more attacks. These remedies need not necessarily have an "elective affinity" for the brain or spinal cord; but for the heart, the blood, including the arteries, etc., as well as the brain and cord.

The most frequent condition and the most difficult to control, following the checking of hemorrhages and the removal of the débris, is deterioration of the brain substance. In other words, the mental condition of our patients.

Strychnia phos.—To arrest and hold in check fatty degeneration of brain and muscular tissue (heart), I know no remedy which will equal Strychnia phos. 3rd. It acts best following embolism when the "speck" seems to have come from a heart which was undergoing fatty degeneration. The guiding symptoms are those of beginning of break in compensation and fatty degeneration. It usually slows and regulates the pulse and heart action, thus regulating the circulation of the blood in the brain. It also assists in the digestion and assimilation of food and prevents anemia. My colleague, Dr. G. A. Huntoon, says

that it cures men who think they are impotent. Dr A. M. Linn also confirmed Dr. Huntoon's statement. Both spoke from experience. The 3rd, five grains twice daily, is the usual dose.

Cactus grand.—To prevent recurrent attacks of embolism when the clot comes from the heart, Cactus is one of the best, if not the best remedy. The indications are: "*Make-up: Emotional, neurotic.* Location: Circulation, heart, blood. Sensations: *Pulsations*, chilliness, *constriction*, suffocation, sharp, shooting. *Modalities:* Aggravated when walking or lying on the left side; from missing a meal or fasting; at night; at 11 A. M. and 11 P. M.

Constriction as by an iron band; acute pain, with stitching, causing loud cries, with obstruction of breath; *rapid, short, irregular beats of heart* on rapid motion; violent, irregular beats with pressure and heaviness; palpitation worse at night; walking and lying on left side; palpitation in small, irregular beats from slight excitement or deep thought, with necessity for deep inspiration.

Cactus * has won success in the treatment of patients suffering from acute myo- endo- and pericarditis; hypertrophy of the heart; angina pectoris; cardiac dropsy and palpitation. With the dropsy you have labored breathing, causing the patient to sit up, edematous extremity and cold sweat.

Zincum phos.—This remedy is the second best for deterioration of the brain when there has been profuse hemorrhage, complicated by epileptiform convulsions and the abuse of the bromides. For indications see section under epilepsy.

Argentum nit. is another remedy which has produced some remarkable results, not only in checking the condition, but in restoring to normalcy patients suffering from

* Royal's *Materia Medica*, page 229.

brain deterioration. In two cases the cause was excessive use of alcohol and tobacco. In the third, epileptiform convulsions also complicated the other symptoms. The indications for it are given under general paralysis of the insane.

Colchicum has most of the symptoms of Cactus, including the sense of constriction. There is dropsy of the pericardium, also some of the extremities. But while the heart symptoms are nearly the same the cause is very different. Cactus has few, if any, of the muscular pains or pains in the extremities, which are so marked under Colchicum. Keeness of the sense of smell is very marked under Colchicum, not found under Cactus. Give from the 3rd to 30th three or four times daily at intervals.

Auxiliary Treatment.—Following an attack of cerebral hemorrhage complete rest is absolutely necessary. Empty the rectum and bladder at once and watch both till consciousness is fully restored. Look out for bed sores. Put cold to the head and heat to the feet to equalize the circulation. See that neither the bed clothes or the patient's clothing get about the neck to interfere with the circulation. *Use no cardiac stimulants whatever.* Use the utmost care about feeding, to avoid strangulation or aspiration pneumonia. The above for the first stage. Use massage and mild exercise in the second stage, let the patient sit up a little at a time after the third or fourth week. For the later stage, which may last during the patient's life, rare judgment should be used about the occupation, the diet, exercise, the climate (altitude), recreation, etc. The advice as to restriction should be given in such a way as not to discourage the patient. There is no mental invalidism worse than that of this class of patients,

ANEMIA OF THE BRAIN.

Definition.—A condition of the brain in which the amount and quantity of blood circulating in the cerebral blood vessels is below normal; the opposite of hyperemia.

Etiology.—The causes are endarteritis lessening the lumen of vessels; exhausting discharges of any kind, such as hemorrhage, diarrhea, etc.; syncope due to sudden weakening of the heart; dilatation of the intestinal blood vessels after removal of acetic fluid; and in some cases disease of the blood itself and other diseases like arteriosclerosis.

Symptoms.—In the most serious cases, occurring after profuse hemorrhages, we have pallor, vertigo, weakness, a cold, clammy skin, headache, disturbances of vision and hearing, rapid breathing, vomiting, convulsions and coma which may end life; depressed fontanelles in children.

Diagnosis is easy. The history of hemorrhage or any disease during which there has been a profound loss of fluid.

Prognosis.—Grave in cases of profound hemorrhage, marked general anemia. When due to other causes, good.

HOMEOPATHIC THERAPY.

The remedies given for pernicious and secondary anemia, also for severe and prolonged cholera infantum, diarrheas of children which are:

China.—The ranking symptom of this group of China is *headache as if the skull would burst*, brain beats in waves against the skull. Vertigo worse by motion, better lying down, and by quiet. Sensitive to all noises. Combining the hair is painful. Weakness, fatigue, *ringing in ears*, dropsy, profuse perspiration during sleep, abnormal appetite, feces of undigested food.

Case I.—Mrs. W. M. F., a thin, spare married woman of 35, mother of four children, the youngest aged 11 months. Mother died of tuberculosis when she was a few months old. Matured at 13. Menses always too profuse and too frequent. Did not nurse her children because she was tubercular. This patient came to me in February, 1923, with the symptoms given above for China. She was given five drops of the 30th, ten minutes before meals and at bedtime, daily, for six weeks. In June, 1924, she contracted pneumonia while I was away from home. The pleura became involved and it was necessary to drain the pleural cavity of pus. Two pints were taken out. At this point the case was turned over to me. The wound healed very slowly under Echinacea following one dose of Tuberculinum 1000th, and afterwards Chininum ars. 3rd. She then went to Colorado for a few months. On her return the headache and roaring became as bad as ever and she was given one dose of Tuberculinum, then China 30th and diet as before. She improved rapidly, became pregnant, and gave birth to a healthy boy whom she nursed for eight weeks. She then began to have distress and gas in stomach after each meal, also pain from sternum to back. Again one dose of Tuberculinum and Arsenicum alb. controlled this after a short time and she improved, being very comfortable, till October 19th, 1927, when she sent for me about 1 A. M., she was reported having a severe pain in stomach and abdomen, both very distended. As I was not able to answer the call, my colleague, Dr. H., did and gave her China 1st. The next day she passed large quantities of blood with the feces. Gastric ulcer was the diagnosis and she was taken to the hospital but the surgeon considered her too weak to operate, the red blood cells being only 1,600,000, hemoglobin 30. At this time she complained bitterly of

"my old headache and roaring in my ears." China tincture, five drops in an ounce of water, was given every hour for twelve hours, then every two hours. Normal saline was injected under the breasts and glucose, ten per cent., into the rectum. She was given unfermented grape juice, milk, cream and all the water she would drink. The headache cleared up after seventy-two hours and she improved in every way till October 30th, 1927, when another hemorrhage came and she sank rapidly, dying ten hours later. Post mortem showed a large gastric ulcer and the entire pyloric end of the stomach studded with tubercles. This case is quoted to show our method of giving China and its auxiliary treatment. We feel sure that the two controlled the anemic headache; also that it added several years to the patient's life.

Chininum ars.—Next to China, the most frequently called for remedy, in my experience, is its compound, Chininum ars. It is most useful for patients suffering from the after effects of post-partum or traumatic hemorrhages when in addition to loss of blood they have or have had sepsis. It has most of the symptoms found in the China group. The ranking symptoms are "Profuse and exhausting sweating when asleep," and the "Steeplechase temperature," which varies from 97 to 107. Give five grains of the 3rd for eighteen to twenty-four hours; after that gradually lengthen the interval.

Arsenicum alb.—For anemia following typhoid fever or intermittent fevers during which there has been some hemorrhage but more diarrhea, also after dysentery with a large amount of blood in the stools. The ranking symptoms for Arsenicum alb. in anemia are "inability to retain either food or drink" because of irritability of the stomach, "great restlessness," and the peculiar "dark green, watery, mucous or bloody stools." I generally use

the 3rd. Broths and soups agree with the Arsenicum patients better than milk or grape juice.

Ferrum phos.—A violent throbbing headache with extreme sensitiveness of scalp, worse from touch, pain worse from noises and light. The brain is full of blood, but the blood is watery, a pseudo-congestion. For t.b.c. and neurotic diatheses, the patient's skin and mucous membranes are pale but become scarlet red under the least excitement; the hemorrhage has been from the lungs or, perhaps, from the stomach; the stools are yellow, watery, or may be lienteric; the pulse is very rapid and weak. An acute, spasmodic, tormenting cough is present in a majority of the Ferrum cases. Give the 12th or 30th four or five times daily.

Phosphoric acid.—Rarely indicated for anemia due to loss of blood unless at the same time there has been excessive sweat, seminal emissions, profuse chronic diarrhea or heavy, confused or crushing headache. Weakness with a mental inactivity. All the senses are impaired; hearing difficult, with ringing in the ears; sour eructations, abdomen distended with gas, stools thin and whitish gray. Give the 30th. Make the diet rich in phosphorus. I often have these patients take Horsford's acid phosphates as a drink (food), when they take Phosphoric acid as the medicine.

Auxiliary Treatment.—Put the patient in the recumbent position with the head depressed. Loosen bands about neck and waist. Give normal salt solution by same method, especially in cases caused by hemorrhage. Order a diet which will improve the quantity and quality of the blood; large amount of liquids, such as unfermented grape juice, milk, cream, etc., also vegetables, like carrots, spinach, and fruit.

HYPEREMIA OF THE BRAIN.

Definition.—An abnormal amount of blood in the cerebral blood vessels. The hyperemia may be active or passive. *Active hyperemia* indicates any increase in the general circulation such as occurs in inflammatory diseases. *Passive hyperemia* indicates an increase of blood in the sinuses or veins due to some obstruction to the return flow of blood.

Etiology.—The active form may be caused by taking certain drugs, *e.g.*, nitro-glycerine and alcohol; worry or excessive brain work; or some of the infectious diseases. The passive form is caused by the pressure of some tumor or aneurism upon the superior vena-cava or jugular vein or both; by asthma; diseases of the right heart; emphysema, etc.

Pathology.—Slight congestion of the brain substance; a little darkening of the white substance, and a little edema.

Symptomatology.—With the active form, the *face is flushed*, the *pupils* are either *dilated* or *contracted*, the eyes are brighter than usual; the carotids are pulsating; there is a *beating, throbbing headache*; the patient is restless, sometimes irritable. In a few cases there are convulsions.

With the passive form the *face is dark red in color*, sometimes *purple*; in a few cases, the face is *pale*; the *headache* is *dull* in character; the *pulse* is *soft* and weak; there is general coldness of the extremities; and the patient is dull and stupid mentally.

Prognosis.—This is good for the active form but unfavorable for the passive variety, depending upon the cause.

HOMEOPATHIC THERAPY.

Belladonna.—*Flushed face; dilated pupils; severe throbbing; pulsating headache; better from having the head high or from cold applications to the head; cold hands and feet; suddenness of the attack; high temperature; rapid, full pulse; dryness of the mouth and throat.* The Belladonna patient is usually *plethoric and full blooded*. Give the 30th, five drops every two hours.

Ferrum phos.—The Ferrum phos. patient differs from the Belladonna in that he is not *plethoric* but *anemic; not robust, but weak and nervous*. This condition is determined by the *pale lips and mucous membrane* and the *anemic murmur*. The scalp is extremely sore. There is usually vomiting of undigested food with the headache. Frequently there is epistaxis, the blood being bright red. The color of the face is of a brighter red than that of Belladonna but the *redness alternates with pallor*. Give the 3rd or 12th.

Aconite.—This should be used only at the onset of the disease. The indications are heat in the head; *hot, dry skin; eyes bright; a rapid, small, wiry, hard pulse; high temperature; great restlessness and anxiety*. Give the 30th, five drops every half hour, till improvement begins, then discontinue it.

Hyoscyamus.—This remedy is indicated when delirium sets in, especially *delirium of an erotic nature*. The *eyes are red and sparkling; pulsations come in waves; pressure on left side of head; also a good deal of tingling* which the patient complains of between the attacks of delirium. *Nymphomania* is an added indication. Give the 3rd or 30th.

Glonoine.—This remedy acts upon the brain, nerves, and heart of *florid, sensitive, nervous* patients. The sensations of the head are *throbbing and fullness*. These

pains are aggravated by heat, especially heat of the sun, and jarring. Wine also aggravates the pain. The *face* is *red* and flushed, *alternating with pallor*; the skull feels too small. The eyes are wild, staring, and the patient sees black, floating spots after stooping. There is *violent heart action* with distinct *pulsations over the entire body*; sharp pains in the cardiac region. The cause of the Glonoine headache is often exposure to heat of the sun. It will also relieve the pain which some epileptics have just before or after an attack. Give five drops of the 30th every fifteen or thirty minutes.

Gelsemium.—This is the *best* remedy for *passive* hyperemia. The head feels *enormously distended* and full. *Dull pains* pass from the occiput up over the vertex. The face is of a *dark almost purple* hue. There is also a *dull, listless, besotted expression of the face*. The expression of the eyes is dull and the *eyes* are often *suffused*. The *eyelids* are partly *closed*. The *temperature* is *high*, more so in the P. M. All symptoms are worse from 4 to 8 P. M. The patient is extremely weak as is shown by the weakness and trembling of the extremities. Give five drops of the 3rd every two hours. I always give a good saline when I begin the Gelsemium so as to produce elimination.

Veratrum vir.—This remedy is best adapted when the *base* of the brain is congested. The *head* is *very hot*, often retracted; pain in the occiput; *eyes* are *bloodshot*, pupils often dilated; often there is diplopia; *pulse soft, full*, usually slow. The patient is full blooded like Belladonna. The pulse will differentiate between the two. The 3rd potency has served me the best for this condition.

Auxiliary Treatment.—Cut out the nutritious and stimulating elements from the diet. Avoid excitement as much as possible.

Electricity is often very helpful. Apply the positive electrode to the forehead, the negative to the occiput or neck.

ACUTE HYDROCEPHALUS.

Synonym.—Dropsy of the brain.

Definition.—This disease consists of a slow accumulation of cerebro-spinal fluid in the ventricles of the brain or in the subarachnoid space.

Etiology.—The cause of this condition, especially the congenital form, is not definitely known. That there is some arrest in the development of the brain substance is considered the cause by the majority of authors. Heredity has been assigned as a cause. Emotional experiences of the mother during the period of gestation and lack of involution of the pineal glands have also been mentioned. I had three cases in one family, two dying before they were eighteen months old, the other a man of twenty-nine, in which the mother was tubercular. A sister of the same mother, whose mother died of tuberculosis, also had one child who had the disease, following a severe case of scarlet fever. The child was three years old. Of the acquired form, I have seen more cases following tubercular meningitis than following any one disease and have come to look upon tuberculosis as one of the causes.

Pathology.—This differs in different patients as does the cause. The quantity of fluid, which is the most constant finding, may vary from an ounce to several pints. One of the cases mentioned above had over fifteen pints. The fluid has a high specific gravity and often shows more albumin if accompanied by inflammation. As a rule the bones of the skull are very thin. The fontanelles are usually open or may be wholly or partially closed by bands of adhesive membrane. The walls of the ventricles are generally thickened. The convolutions of the brain above

the ventricles are flattened out and in some cases the sulci are obliterated. The corpus callosum and commissures are sometimes torn apart or atrophied. The ependyma may show projections of brain substance due to proliferation of glia tissue beneath the ependyma.

Symptoms.—Gradual enlargement of the globular head, open sutures and fontanelles, small face, protruding, round forehead with comparatively small and emaciated body, bulging and downward look of the eyes gives us a good picture of a hydrocephalic infant. The child is usually fretful and irritable. Aggravated by noise and light he rolls his head and eyes and in a certain per cent. of cases has strabismus. The stools are as a rule dry, hard and offensive and there are frequent colicky pains. The child grinds his teeth in his sleep and often awakes with a scream, in some cases with the “cephalic cry.” Motility is abnormal. The child may not be able to walk at all or only very late, and when he does the gait is spastic. We may find nystagmus, choked disks, or atrophy of the optic nerve. Systolic murmurs heard over the anterior fontanelle. Convulsions which are usually followed by impaired intellect are not uncommon. After a time we get a hydrocephalic cachexia due to malnutrition.

Diagnosis is very easy. A good diagnostician may, however, mistake a rachitis case for one of hydrocephalus but the square, box-like head, instead of the large globular, should make the diagnosis clear. It is harder to differentiate the disease from brain tumor, but the X-ray will help us out. The prognosis is unfavorable, although the patient may live to middle life or old age.

HOMEOPATHIC THERAPY.

Apis.—I give this remedy first not because it is the most frequently indicated, but because with it I cured my

first patient, an infant eighteen months old, to whom I was called in August, 1882. The disease was noticed soon after the child's birth. The family history on the father's side was negative; the mother's *family was tubercular*. The child's fontanelles slowly increased instead of decreased from birth. He cut his first tooth at ten months. He had been very *fretful* and irritable, not only at that time but also with the appearance of each of the five other teeth. His mother said he had had "*diarrhea and trouble with his kidneys with the cutting of each tooth.*" I was called because he was having a severe attack of what was called "*cholera infantum.*" He had had *seven yellow, watery stools during the twelve hours preceding but had not urinated for twenty-four hours*. He was *quiet, listless, drowsy, and semi-unconscious*, occasionally starting with a *sharp cry*. The *bulging of the fontanelles* was increased instead of decreased. The face was swollen and pale. He had vomited once at the beginning of the attack. He was given Apis 3rd trit., a grain powder, at first every half hour, then every hour and after twenty-four hours every three hours. He was given warm water as much as he could be induced to take, for he was neither thirsty or hungry. He was given, per rectum, six ounces of milk and water, equal parts every four hours, the temperature of the mixture being 102. He was normal at the end of six days. Under the Apis 6th and 30th at first once a day and then twice a week for six months, he rapidly improved and is living now.

Helleborus nig.—Depression of the sensorium is the ranking symptom of this group of Helleborus. All the special senses are affected. One can say of the Hellebore patients "*eyes have they, but they see not, ears have they, but they hear not, etc.*" The second ranking symptom is "*unconscious, automatic motion of one arm and leg.*"

We also find *rolling of head and boring it into the pillow*. The "*cephalic cry*" is also present in a majority of cases. This comes as the patient is going into or coming out of a convulsion. Convulsions are frequent and severe. Meningitis, sometimes tubercular, is a complication. The state of the disease is that of effusion. Unlike Apis this remedy will rarely complete the cure. Use the 6th or 30th and follow by Calcarea phos. 30th or Iodoform 3rd or 6th.

Calcarea phos.—The make-up of the Calcarea phos. patient is: Weak mentally, dirty white or pale skin, poorly nourished, anemic. The fontanelles are too large. The tissues for which it has a marked elective affinity are the brain and nerves. Mentally the child is bright. He is usually "on the go," peevish and irritable. He suffers from headache which is aggravated by mental exertion or excitement. This headache is always worse about the sutures, cravings for salted things, undigestable things, is marked. The muscles of the abdomen are sunken and flabby. I have found that this is the best remedy we have to complete a cure begun either by Apis or Helleborus. I most frequently use the 6th and do not repeat oftener than every two or three days.

Calcarea carb. is much like Calcarea phos. It has a larger quantity of both bone and muscle, but the bone supply is not well distributed. Many cases are on record of cures by this remedy. Macy and Hunt report the case of a fourteen-months-old-boy as follows: "His appearance was scarcely human; his head was immense, with open fontanelles and squinting eyes; his only attempt at speech or vocal sound was a distressing grunt; the skin was hanging in loose folds; emaciated; very tumid abdomen; diarrhea, alternating with hard scybala, passed

from him as from a senseless animal; periodical convulsions amounting to opisthotonos occurred; he drank milk greedily through a tube, and until satisfied he continued the grunting noise." This child was reported "quite well" after six months of Calcareo carb. 200th and Sulphur 200th.

Apocynum can. is also recommended by Dickinson, who made some cures with it in the tincture and 1st. I have never used it.

Iodoform is recommended by William Boericke. I used it once, after Helleborus, with success in a case following tubercular meningitis. It was given in the 3rd every three hours for three days, then once a week for four weeks. I also used it mixed with one dram of the powder in an ounce of lard in an acute case to which I was giving Helleborus. The nurse rubbed it in thoroughly over the spine.

Auxiliary Treatment.—Bandaging has been tried with some degree of success. This can be done with adhesives or belts. Cases are on record in which too tight bandaging caused rupture of the membranes and death. Tapping and draining off some of the fluid has been beneficial in the hands of some operators and fatal in the hands of others. Purging for the purpose of eliminating part of the fluid is frequently resorted to. Several methods for draining the ventricles have been used with varying success. While all these are good, diet, for improving the quality of the blood in anemia and the bones in the various conditions, is better.

Other Drug Therapy.—Extract of the penial gland one-tenth to one-fifth gram doses three times daily for a period of three months greatly improved a two-year old child which came under my observation.

FRIEDREICH'S DISEASE.

Synonyms.—Friedreich's ataxia, Hereditary ataxia, Hereditary ataxia paraplegia.

Definition.—An hereditary condition whose symptoms appear in early childhood in the great majority of cases. The family and personal history constitute the leading marked symptoms of the group.

Etiology.—The *predisposing* cause is *abiotrophy*, *i.e.*, an *inherent deficiency* of vitality in certain elements of the nervous system at birth. The exciting causes may be any one of the following: Failure to supply the deficiency by proper diet and medication; the acute infectious diseases, scarlet fever, *whooping cough*, typhoid fever, and diphtheria; the excitation of latent tuberculosis; and *trauma*.

Sex does not seem to play any part in the etiology. In one family the victims may be all girls, in another all boys.

Age, however, does play a very marked part. It is a disease of childhood, very rarely do we have cases reported of patients over 20 and of these few a mistaken diagnosis has been made.

Pathology.—Macroscopically, the most important thing revealed by autopsy is an abnormally small cord and thickening of the membrane covering its posterior surface. Microscopically, degeneration of the posterior columns, especially that of Goll or Gowers, and of the direct cerebellar tract; cell atrophy and loss of fibres is found in the columns of Clarke.

Some examiners found a large number of fibres in the peripheral nerves resembling embryonic nerve fibres. This last finding I consider the most important of all for us homeopaths as it may assist us in the selection of our remedy.

Diagnosis.—This is comparatively easy, especially when several cases exist or are reported in the family history. "The age, inco-ordination, nystagmus, slurring speech, and deformity are strikingly characteristic." ¹

Prognosis.—On this point we have the following from the two schools:

Of Our School.—"The prognosis for cure is hopeless, but with care and proper hygienic regimen, life will be prolonged," ² and "Friedreich's disease is incurable." ³

Of the Other School. ⁴—"The prognosis is necessarily bad. The disease is progressive, though it does not kill directly," and "None of the forms of Friedreich's ataxia is responsive to treatment, and care of the patient is largely symptomatic." ⁵

And yet is it possible that none of our deep-acting, constitutional remedies are utterly unable to cure?

Differential Diagnosis.—Anders ⁶ says "*In juvenile tabes dorsalis* the preataxic stage (pain absent, knee-jerk, and ocular symptoms) is generally well marked. It is absent in hereditary ataxia, nor does the latter present the sensory and visceral symptoms met with in the former. The gait is very different, and the Argyle-Robertson pupillary changes are never present." ⁷

Ataxia paraplegia gives us exaggerated knee-jerk, ankle-clonus, but *no ocular symptoms, nystagmus or scanning speech.*

Multiple Sclerosis.—This disease, as a rule, appears later in life, twenty to thirty, and presents increased ten-

¹ Anders' Practice of Medicine.

² O'Conner's Nervous Diseases, page 153.

³ Bartlett's Practice of Medicine, Vol. III, page 475.

⁴ Anders' Practice of Medicine, page 1108.

⁵ Curschmann's Clinical Neuralgia, page 46.

⁶ See page 1108 Practice of Medicine.

⁷ For further study, see my article on Tabes, Curschmann's Tables.

don jerks, atrophy of the optic nerve, frequent attack of epileptiform and apoplectiform convulsions.

Symptomatology.—The first symptoms often appear during the first year of the child's life. The mother will say, "The baby has *poor use, or no use of its legs.*" Or, "*Why doesn't baby walk?*," "*He is old enough but can't,*" or, "*Baby does not seem to develop like a normal child.*" Here he is 15 months old but has no teeth, *his muscles are flabby, his bones are soft and crooked*, more than that he seems *dull and stupid*; he *does not seem to know* how to tell me *when he needs attention* nor does he *take any interest in his playthings.*" If the child is older and able to walk, he *wobbles, trips*, and falls over any little thing in his path; all movements are irregular, clumsy (inco-ordination), involuntary, *rotatory, oscillatory movement of the eyes*; *absence of deep reflexes*, mostly of the knee; Babinski's test, especially the dorsal flexion of the toes from irritation to the sole of the foot. Later on the movements of the neck and head may become irregular and jerky and there may also be tremor. In the last stage of severe cases we may have such deformities as lateral curvature of the spine, talipes equinus, equinovarus, and dorsal flexion of the great toe.

From the above it will be apparent that the "*taking of the case*" is both difficult and important; important for the selection of the remedy; important also for directing the auxiliary treatment. Difficult because in most cases the parents are not intelligent enough to understand the object of your questions or if they are will evade in their answers. Your questions should be put in such words as the patient can understand. Not, "Have there been any cases of Friedreich's ataxia, or encephalomalacia in the patient's ancestral family?"* but, "Have any of the

*I once heard the question put in just these words by a recent graduate.

patient's brothers or sisters, father or mother, or any other relative had anything like this?" or, "Were any slow in learning to walk or talk or in cutting teeth, or noticing things?" or, "Did any have fits or convulsions?" or, "Did any have deformities, water on the brain, etc., etc?"

Should the parent be evasive in her answer to any of the above questions, leave it for the time and return to it from another angle. Not only is such a procedure necessary for the diagnosis but even more necessary for the selection of the indicated drug, remedy, and the manner of its administration.

HOMEOPATHIC THERAPY.

I cannot fully endorse the *deadly nihilism* of the four *eminent* authorities mentioned above. I believe that some patients suffering from this disease have been cured. Possibly it is because I do not understand what is meant by the word "cured," but during the forty-eight years that I have studied homeopathic therapy and the forty-five years I have used it, I have seen the following symptoms disappear under the use of

Calcareo carb.—The *family* history related that one or both, usually the mother, had *suffered from*: *Tuberculosis, fits (epileptic and other forms), hydrocephalus, rickets, caries, fontanelles slow in closing* even when there was an excess of bony tissue; *teething, walking and talking late*; mentally dull, could never get through grades or high school. If mother, the *menses* had been too *early* and *too profuse*; had borne prematured dead children or some who were weak and puny, only living a short time.

Personal History.—Let me give just one case as typical of many. A male, aged 22 months, weight 35 pounds, blonde, with light hair and skin, cheeks covered with flaky

scales, leaving a bleeding surface when rubbed or scratched; all fontanelles unclosed, though surrounded by a large amount of rough, soft, bony tissue; could neither stand, walk, or talk, paid no attention to rattle box, watch, or anything else; had an enormous appetite, but always vomited part of its food (milk), sour and curdled; stools were also sour and of undigested food.

The father was a driver for one of our drayage companies, the mother a good-natured woman of 32, weighing over 200 pounds. The case of one brother, seven years old, diagnosed as a hereditary ataxia, a mass of jelly, was in our state home for the feeble minded. The family lived in a three-room house. A charity worker had called me in to see what could be done. I gave the boy a dose of Sulphur 1000th before leaving the house and told the mother to send the father to my office the next day for medicine. I sent an ounce of disks, saturated with *Calcareo carb.* 200th (a graft from Carroll Dunham's 200th, which Professor Burdick had given me). I also wrote out a diet list of foods containing lime and iron. The boy was to have only four feedings daily and to be given five disks 10 minutes before each feeding.

The first improvement was in the use of the legs. In three weeks better use of them was perceptible and at the end of six weeks he could stand at his mother's knee. Although I discouraged forcing his attempts to walk, he began to do so about four months after beginning treatment. The record showed that at this time, age 26 months, he had lost in weight six pounds instead of gaining. The mother also stated: "He does not want to eat all the time as he used to." The *Calcareo* 200th had been continued at intervals during the four months. The first teeth (there were two at one time) appeared when he

was 27 months old. When he was 29 months old his mother reported: "He has not gained for a few weeks." I then gave another dose of Sulph. 1000th and changed the Calcarea carb. from 200th to 30th. In a few weeks he began to gain again. He had all his first teeth at the age of 33 months and the fontanelles were closed. At 40 months one peculiar thing about this case was regarding his weight. He was 37 months old before his weight had reached 35 pounds, his original weight. He went through the grades and two years of high school, leaving at that time to go to work to support the father and mother. He is a mechanic working in an auto shop. He is now 32 years old and unmarried. I have had good results from the 30th, 200th and also from the 3rd and 1000th in such cases.

Calcarea phos.—Will cite one case who was cured by this remedy. This is one of a few as I have found the Carbonate of lime indicated about ten times as often as the phosphate for the condition under consideration.

Female babe, 13 months old, weight at birth, $4\frac{1}{2}$ pounds, present weight, $7\frac{1}{4}$ pounds, *small, weak, pale, very large head, fontanelles large and bulging, bones of skull thin but what there was, smooth and crackling under pressure like thick tissue paper; eyes large, protruding, and in constant motion (oscillating) when awake and also at times when asleep (so the mother said); abdomen shrunken, flabby; bones of legs and arms small.* These were the objective symptoms on my first examination of the patient. About three weeks before that the following symptoms were sent to me by letter. "Baby very peevish and fretful; frets and cries all the time; wants me to carry her most of the time; stools frequent, green, smell bad, and have curds of milk in them; has vomited some the past few days, sour and with much gas; jerks and

twitches in her sleep. I think she must be cutting teeth, though none are in sight." I sent a supply of Chamomilla 30th with directions for using. When she was brought to the office the mother gave the following in addition, "The medicine did not help much, if any." The mother also stated that the babe's father was brother to the mother of the case stated under the Calcarea carb.

The mother, herself, was a small, light-haired, wiry, nervous woman with a large head; intelligent; a high school graduate and leader in her class; had always suffered from "awful" headaches during her school days, also since when menstruating and after excitement; she had had two children with "water on the brain;" there was tuberculosis on both her mother's and father's side and she had had one brother who never could walk or talk, though he lived till he was 7 years old and died of pneumonia.

The patient had but little use of her legs and the mother was sure that she could use them less than three months before, though she never did use them like other children. She further added that she could not hold her bottle to nurse as well as she could two months before; that it seemed to pain her to have either legs or arms moved. The child was put upon Calcarea phos. 3rd, three grains of the trituration three times daily before feeding. The improvement was early, rapid, complete. When two years old she was a normal child and is a strong, healthy, normal woman today.

Other Remedies.—Baryta carb. 3rd, Silica 30th and Kali phos. 3rd are the only others that I have used.

Auxiliary Treatment.

Prophylaxis.—Prophylactic treatment is as important as the therapeutic, in fact it includes the latter. Until our lawmakers become wise and courageous enough to

pass laws to prevent people of this class from propagating their kind, medicine and moral suasion must do the best that can be done. The medicinal prophylactic treatment should begin before the birth of the patient. The physician should study carefully every potential parent of this class, the family history, own history, the make-up, etc.

Medication of the Individual.—This should be administered at intervals. After conception, the mother should be under constant supervision, *i.e.*, fortnightly examinations should be made and any abnormality be prescribed for at once. The diet during the period of gestation should also be carefully studied and directed. It is not easy to discover just what it is in the parent that should cause the child to be born with deficient tissue or organ, which would develop into Friedreich's ataxia, but proper study can, in most cases, find the cause.

Thirty-eight years ago six members of the Hahnemann Medical Association of Iowa formed a club for the express purpose of finding remedies to prevent premature births, still-birth, and birth of deficient children. The club members met and reported their experiences at the annual meetings of the association. The club was in existence 12 years. The remedies found to be most useful were *Calcarea carb.* and *phos.*; *Sepia*; *Baryta carb.*; *Actea rac.*; *Silica* and *Trillium pend.* The *Calcareas* led by a large margin.*

Diet.—There is no specific diet for this condition. Individualization for diet is as essential as it is for the indicated (drug) remedy. The diet for my *Calcarea phos.* patient was rich in fats, especially butter fat and cod-liver oil. For the *Calcarea carb.* fats were eliminated as much as possible and articles containing lime, phosphorus and

* I feel that there is more foundation for the craze for "Lime" of the present day than for many fads of the past.

nitrogen (peas) were substituted. The Calcareo phos. patient should have much more liquid than either the Calcareo carb. or Baryta carb.

Climate and Clothing.—The *best guide* for these is the *modalities* of the remedies. Open air, fresh and dry, is best for the Calcareo patients while damp weather or working in water is bad, especially for Calcareo carb. patients.

The Calcareo phos. patient needs much more sleep and physical rest than the Calcareo carb. The latter should be urged to use his legs (not stand on them, but move them) and arms, in fact all his bones and muscles.

The Calcareo phos. child should be protected against mental exertion, either study or excitement.

SYRINGOMYELIA.

A chronic structural change of the spinal cord, consisting of cavities whose walls are composed of gliomatous tissue. These changes cause both tropic and functional abnormalities, the most frequent of which is abnormal functioning of the senses. The condition is not frequently found, although it is found among all classes and races. It is, however, much more frequently diagnosed than it was a few years ago, though I do not think it is more prevalent.

Etiology.—

Sex.—More frequent in men than women. The most accurate estimate puts the ratio as 4 to 3.

Age.—From 20 to 40 represents the most frequent time of its first appearance. The average for males is about ten years older than that of women. There are some exceptions. One case is reported which began at about 10 and another which was not diagnosed till the patient was 60.

Heredity.—The majority of authorities exclude heredity as a factor.

Congenital Abnormalities.—This cause is considered by most authorities as being very important. Osler says:¹ "A careful study will often reveal some skeletal peculiarities. The patient may be unduly small, much smaller than his brothers and sisters; he may be infantile in proportion, presenting a large head with small trunk and limbs. Another patient may have unusual deformities of the skull; for instance, bosses in the occipital or temporal regions; he may have, without other signs of acromegaly, very large hands and feet. Pronounced degrees of genu valgum or of pes cavus have been present from early infancy in cases of the disease, and examination of the spinal column may elicit signs of a spina bifida occulta."

Diagnosis.—"Syringomyelia may be confounded with cervical pachymeningitis, from which it differs in that it is much less painful, and by the possession of the peculiar sensory dissociation. Age is an important clinical factor in diagnosis, as the majority of cases of syringomyelia occur in adolescents or young adults. The main symptoms upon which reliance must be placed are the muscular atrophy and irregularity of distribution, the dissociation of sensory disturbances and the spinal curvature."²

Pathology.—Pathologically the spinal cord is the site of a great number of congenital malformations, in addition to the typical lesion of the morbid process. Essentially this constitutes cleft and cavity formation in the gray matter around the central canal, extending through a series of segments, often advancing into the bulbar territory, and showing a maximum involvement of the cer-

¹ Osler's Modern Medicine, page 216, Vol. VII.

² Bartlett's Practice, Vol. III, page 256.

vical cord and medulla. It has its origin in a tumor-like proliferation of glia and ependyma between the central canal and the apex of the posterior column, at the site which is the point of closure of the embryonal medullary tube. This glia proliferation is traced to a separation of embryonal cells through inclosure in the neighborhood of the central canal. The cavity begins to form as the gliosis degenerates.

H. Spatz contends that the immature central nervous system responds to trauma with cavity formation instead of with scar formation as in the adult. This leads him to consider trauma during fetal life and during birth as a possible causative agent. In later life trauma is the exogenous factor which is usually considered. There seems good reason to believe that an individual whose nervous system is predisposed and who perhaps has a latent gliosis may have the syringomyelic process activated by injury.¹

Symptoms.—This is clear and easy to get in the pathological stage and unfortunately it is during this stage that we first see these patients; but in the first stage it is very obscure, varied, and the picture very difficult to get.

First Stage.—The subjective symptoms usually appear in the following order: Pains in the neck and back; *modified sensibility* to pain, touch and temperature, first of the hands then of the arms and finally of the legs and other parts of the body. This modified sensibility consists of the abolition of pain and temperature sense with *well-preserved* or slight change in the *tactile sense* of the affected parts. This marked condition is considered by some as pathognomonic of syringomyelia. These symptoms are slow in developing in a majority of cases, and

¹ Curschmann's Clinical Neurology, pages 57 and 58.

as they occur in the first and second decades of life, are often overlooked till the next stage, when the patient presents himself with the following

Objective Symptoms.—Usually the first noticed is *muscular atrophy*. Anatomically these follow in their appearance the subjective symptoms, *viz.*, hand, arms, legs, etc.

Fibrillary contractions occur in a few cases and of these few cases more are found in the earlier stages. Often the atrophies and paralyses of the hands escape observation because there co-exists puffiness of the hands, greatly thickened skin, acrocyanosis, and hyperkeratosis of the palm. Following, come trophic changes in the bones and other tissues of the joints; the nails become brittle and fall off. One case reported where not only the nails, but the fingers became so dry, brittle and lifeless that the patient broke them off and threw them away (dry gangrene).

Bullæ, ulcers, and felons sometimes occur. Caries of the bones of the spinal column, especially Pott's disease, will be found in some cases.*

Prognosis.—At present, this must of necessity be bad. The three reasons for this are:

1st. Because the condition is so rarely recognized by either patient or physician.

2nd. Because its development and progress are so slow that neither patient nor physician fully realize its seriousness.

3rd. Because when the location and character of the lesion is diagnosed the condition has so far progressed that a cure is hopeless.

While the above has been true in the past, the renewed

* I see in the above group not only group, but groups, the necessity for a return of the *family physician* well versed in symptomatology (diagnosis) *who will require a semester examination.*

interest in the mental and nervous conditions of the people of today by the officers at our public health centers gives hope for better things in the future.

HOMEOPATHIC THERAPY.

The two remedies which have served me best are *Alumina* and *Secale*. Both were used for the later stages. This being the case, of course the pathological symptoms upon which they were prescribed were not obtained from the provers but from poisoning by the drug and verified in practice. However, in the two cases which I will cite, the personal history of the patient did show the most marked subjective symptoms of the provers.

Secale. *Case I.*—In 1882 I was called in consultation with the old school family physician to see a woman, married but childless, over 70 years of age. The family history showed that her father was “sickly” from his birth until his death. The “sickly” meant *rickets*, *spinal curvature* and general weakness. He died of “stroke” at 42. Mother healthy and died at 87. Patient was the only child.

Personal History.—At the age of 13 she began having “*pain in the right hand*; a few months later the *back of the right hand* seemed to *stop growing*; about a year later had *weakness of the fingers of the right hand*, also *jerk-ing of the fingers*—this weakness caused her to drop and break dishes; this condition seemed to grow worse till her menses appeared at 17, when they ceased gradually and the above conditions did not appear till after the menses ceased at 49. At that time *pain began in the finger joints* of the right hand and, with the pains, *swell-ing* of these joints and *deformity*; at about 55 the right leg and foot began to pain her but that ceased after a few months and weakness of the parts followed; at 62, these

leg and foot joints went through the same thing the finger joints had and have grown worse slowly till they became as they are now." By now she meant no toe nails and only eight toes.

The family physician informed me that it was a case of "dry, senile gangrene" that neither of us could do any good, but that as I was connected by marriage he had consented to the consultation.*

The nails of the affected fingers had "been shed" several times. The same was true of the nails of the toes. Only one remained and it was very brittle. *Two of the toes had been "broken off and thrown away."* This was done *without causing any pain.* Someone had told the patient that the homeopaths had medicine which could check the progress of the disease which was rapidly growing worse.

The patient was put upon Secale 30th internally and ten drops of the tincture to a pint of hot water for a foot bath every morning. Her old school physician was surprised at the result and kept up the treatment after I left Connecticut. The progress was checked after three or four months. The patient died of "stroke" at the age of 82.

Case II.—In 1894 a thin, tall, dark and dry-skinned man of 48 came to my clinic to be cured of *constipation*. He said his brother had been *cured* by me of the same trouble. He related his symptoms as: "*No desire, no power, must strain to get results and when I do stools are hard, small, but just tear me wide open causing me to bleed a bright red blood for some time after each stool.*" The student who was quizzing that day noticed that his *finger nails were rough and broken* and that one was gone,

* No one in Tolland Co., Conn., at that time would consult with a homeopath.

also that his left *hand* was *atrophied*. The skin of the entire body was very dry and the patient stated that he itched terribly on undressing and getting into a warm bed; more than that, when he scratched (which he had to till it bled), the itching changed to burning. He also stated that for some reason the hands began to shrink when he was 22.

He said there had been *weakness of the legs* and a staggering gait for ten years. He admitted he had contracted *syphilis at 20* and more than that his father had it when young and died of it.

He was given **Alumina** 30th, four doses daily, a diet with little meat, the drinking of two gallons of liquid (water and fruit juices), daily. He was cured of his constipation in six months, also of the condition of the nails. The paralysis was only slightly improved. For the benefit of the students he was kept under observation for nearly twelve years. The cause of his non-appearance after that was not known.

Silica. *Case III.*—About a year after the first appearance of Case II a man came into the clinic, presenting nearly the same symptoms. There was *no history of syphilis* in either patient or parents, but his mother died of t.b.c. when he was a year old. The student assigned to the case, a junior the year before, had kept a record of Case II. After he had made his examination he made a similar diagnosis, recommended and defended the same treatment. After he had done so, according to my custom, each of the other members of the class was called upon to name and defend the remedy that he had selected. All agreed with the examiner except one who named Natrum mur. 30th. I then informed the class that the patient would be given Silica 200th and proceeded to

differentiate the three remedies, Alumina, Secale and Silica, as follows:

1st. *The Make-up*.—The make-up of each is spare, thin, poorly nourished, anemic.

2nd. *Location*.—All three act upon the brain and nerves causing all four stages, *i.e.*, algia, itis, functional change and structural.*

3rd. *Sensations*.—All three act upon the intestinal tract, especially the rectum and anus. All three produce constipation in the form of hard, dry stool. All three produce *dryness of the mucous membrane of the parts and fissures* with *cutting, burning, tearing, and bleeding* after stools.

From these three points no intelligent, practical, definite choice can be made and the class could defend its choice. But the trouble is that you have too hastily jumped to your conclusion. You have failed to observe that this patient has a *fair skin*, more than that his *skin is abnormally moist* while that of the other patient was *abnormally dry*. You chose your remedy for constipation, not for the patient.

Modalities.—In this very important essential you have also failed. It is true that the skin symptoms, the dryness and itching of the one, the sweating of the other, are worse at night; but, while the Alumina condition is made worse from heat, the Silica condition is made much better by heat. *Chilliness* and cold sweat, call one a subjective, the other an objective symptom, is a *red thread* running through all conditions of Silica, while heat does the same in Alumina. When it comes to Secale, *subjectively hot* but objectively cold, is a marked symptom. The patient

* As authorities on this point we used: Allen's Handbook of Homeopathic Therapeutics, Burt's Physiological Materia Medica, Clark's Dictionary of Materia Medica, and my own experience of forty-five years.

throws off all covering though the parts feel very cold to the physician. The *modality* is the ranking symptom in our patient's case and makes the totality for Secale. The patient responded much more rapidly and completely than did patient II.

Case IV.—Dr. W. O. Clark of Waverly, Iowa, sent to the clinic a young man 26 years old with the accompanying note: "I kept this young man's *syringomyelia* in check for six years with Alumina 30th and 200th and an occasional dose of Sulphur high. About nine months ago the symptoms became worse and they have been growing worse ever since. Please let me, not him, know what you give."

The student examiner, in fact the entire class, failed to get the ranking symptom, but by quizzing the patient about his condition as it was year by year and month by month, it was learned that ten months previous he had been *vaccinated for small pox*, and that as a result, he nearly lost his arm and had sores over the entire body.

Thuya 1000th, ten drops morning and evening for a week, again checked the progress and it remained checked.

Other Remedies.—Phosphorus and its compounds, especially Calcarea and Kali, according to indications given elsewhere in this book, are frequently indicated.*

Apis mel. 3rd relieved the edematous swelling of the hands in one patient and enabled me to make a diagnosis of the case.

Arsenicum iod. 6th kept the progress of the disease well in check after the Apis.

Auxiliary Treatment.—Nothing better than that given for multiple sclerosis can be given.

Diet is the most important factor. A diet rich in the mineral salt of which the patient is deficient is very help-

* Also see study of the Polychrests Iowa Journal, May, 1923.

ful. As adjuvants for constipation, frequent flushing by drinking four or five pints of hot water before breakfast. The coarser breads, like whole wheat, graham, etc., and fruits are helpful.

GENERAL PARALYSIS OF THE INSANE.

Synonyms.—Paresis; General paresis; Dementia paralytica; Diffuse meningo-encephalitis.

Definition.—An organic disease of the brain, especially of the cortex and leptomeninges; also of the spinal cord and its meninges, causing such physical conditions as loss of power, tremors and a progressive mental deterioration.

Many mental disturbances may occur during the degenerative process of the brain.

Etiology.—Syphilis is the most prominent cause. The spirocheta pallida has been found in 14 per cent. of one hundred cases examined. The examiners found them in all the layers of the brain cortex, except the outer, in these cases; excesses in venery and alcohol; mental over-exertion of any kind; worry over financial or family affairs; trauma and the like are also frequent causes. The white race more than the yellow or black, although the American negro is becoming about as thoroughly syphilized as civilized. Men seem to suffer more from it than women. The third and fourth decade of life more than the others.

Pathology.—"The intima and adventitia of the blood-vessels undergo proliferative changes, and the perivascular spaces are dilated and contain an excessive quantity of fluid also cellular elements. Obliterative endarteritis occurs also. Atrophy and degeneration of the cerebrum are met with, chiefly involving the cortex, particularly that of the frontal or parietal regions and the anterior basal region. The ventricles are dilated and the ependyma

is granular. The membranes are thickened and opaque and adherent to the surface of the convolutions, so that the cortex is torn upon their removal. Hemorrhage may take place into the subdural spaces, and may vary in amount from a mere stain to the formation of a pseudomembrane.

Secondary sclerotic and degenerative changes are found in the posterior and pyramidal tracts of the cord in most cases." *

Symptomatology.—We may, with some propriety and profit, divide the symptoms into two classes or, better, stages. In the first of the first and the last of the second the mental symptoms are the most marked. The importance of this statement to us homeopaths is that it should not only assist in the selection, but in the administration of the indicated remedy and also our prognosis.

We may promise to cure a certain per cent. of the first class; we can only alleviate the suffering or check the progress of the disease for patients of the second class. Usually the mental symptoms are the first to appear, though in some cases the physical may appear simultaneously.

Mental.—Some change in the patient's behavior is first observed. A good sleeper becomes a bad one; a good appetite a poor one; a neat patient becomes slovenly; a careful one becomes careless; a good natured one becomes cross and irritable; the hopeful one, hopeless or vice versa; the humble, haughty, etc., etc. A little later the patient makes errors in writing or talking—uses the wrong word, leaves off a syllable, drops a word from a sentence or leaves the sentence uncompleted; he may become enormously rich or penniless. This last condition often leads to bankruptcy. Men become impotent or abnormally

* Anders' Practice of Medicine, page 1147.

strong sexually, either in imagination or in fact. Women believe themselves pregnant; some shouting and singing over the supposed fact, others weeping and wailing over it or some other imaginary event. As intimated above, complete dementia may supervene—the patient sitting in his chair, gazing at something or nothing, unable to attend to any of the normal functions.

Physical Symptoms.—These are twitching, trembling, jerking of the muscles, mostly of the tongue, the throat and face, causing difficulty in talking, swallowing, etc. The pupils become unequal and may even fail to react to light. The reflexes may be exaggerated, diminished, or completely lost, giving the ataxic gait. Finally the patient may become bed-ridden, having no control of either sphincters, but may have bed-sores which should have especial attention.

Diagnosis.—This is extremely difficult in some cases. We will make no attempt at a differential diagnosis, but will simply quote Anders.

Differential Diagnosis.—Anders, which Dickinson and I used for our students at the State University of Iowa, states as follows: “The diseases with which it is most likely to be confounded are: (1) Disseminated sclerosis; (2) paralysis agitans; (3) cerebral syphilis; (4) neurasthenia; (5) chronic alcoholism; (6) chronic lead-poisoning with cerebral symptoms; (7) bulbar palsy; (8) chronic mania; (9) dementia from any cause, as senile or terminal dementia; (10) brain tumor situated in frontal lobe.”

Prognosis.—Bad. Bartlett writes:¹ “This is absolutely unfavorable.” Anders² writes: “The prognosis is gloomy and recovery never occurs.”

¹ Practice, page 192.

² Practice, page 1149.

HOMEOPATHIC THERAPY.

Let us get firmly fixed in our mind that we are dealing with a condition in which structural changes have been and are still taking place; more than that, let us remember that in the great majority of cases the patient has been treated for syphilis with all sorts of anti-syphilitics in all sorts of doses so that we may have many symptoms due to the drugs used in addition to those of the disease. And furthermore, many complications, both mental and physical, may occur during the remissions which will need attention.

Delirium.—One of the most frequent of these complications may call for Belladonna, Cantharis, Hyoscyamus, Stramonium or Veratrum vir. The indications for these are given under the heading Delirium.

For the main condition, *viz.*, Progressive Paralysis of the Insane, the above remedies are useless. The remedies which have proven beneficial for this are: Argentum nit., Zincum phos., Aurum, Phosphorus. Sulphur and Siphilinum, both in the 1000th as intercurrent, should also be used.

Argentum nit.—This remedy has served me best of any. I have had a few most remarkable results from its use. I am going to quote one case as an illustration. In this patient the test for syphilis was negative. The diagnosis was made by two physicians and confirmed by Professor Dickinson. The patient was dark, neurotic, active, of a positive nature. He used alcohol excessively, but “never was drunk.”

Case.—Nearly thirty years ago a prominent physician was sent to me for treatment. He had been treated in a Chicago hospital for “progressive paralysis of the insane.” He had had and still was having repeated attacks of epilepsy. He presented the following symptoms: *Silly,*

easily excited; jolly one minute, mad and sullen the next; mind so weak he could not write a sentence. (I still have four pages of scribbling without one complete sentence. He gave it to me to mail his wife.) His stools were loose, frothy, at times involuntary. He craved candy of all kinds. His epileptic attacks were as follows: *A sharp cry; fall; violent muscular twitching of all the muscles, especially marked of the throat; complete unconsciousness; frothing at mouth; often bit his tongue; then a deep sleep for about three hours.* The silly and sullen moods were worse after an attack. He had used tobacco to excess and alcohol to some extent. He was deprived of both, put upon Argentinum nit. 30th and a regulated diet. He was so improved after four months that he went south for a short time and then home in Iowa. He resumed his practice; afterwards was mayor of his city, president of the Hahn. Med. Assoc. of Iowa, and wrote a book. His epileptic attacks never returned.

I considered the above a cure as he remained normal till his death.

Zincum phos. I consider the second best remedy. It is true that it has never been as thoroughly proven as Argentinum nit.; in fact we have but few symptoms from the provers, but these few show very clearly *mental fatigue, depression and paralysis.*

Case I.—Mr. A. J., aged 36, married, father of three children, farmer. He had been bright and normal till gored by a bull when in addition to the shock of the encounter he had lost a large amount of blood. Soon after, attacks of epilepsy set in. They were severe, and nearly always in the P. M. The attacks were suppressed by large amounts of bromides but his mind began to deteriorate. This was first noticed in his inability to figure and make change, then in planning his work and finally inability to

do any work. His wife led him into the clinic room by the hand. He took no note of anything. When asked a question, he either paid no attention or slowly turned to his wife. He ate well, slept well and the bowels were in fair condition. When asked about his sexual condition his wife answered: "He has been no good since he was hurt." When we ordered the bromides discontinued the wife said: "If we do, we'll have the spell awfully." However, the bromides were discontinued and Zincum phos. 3rd, two grains night and morning, substituted. We cut all meat out of his diet, making it mostly fish, fruit and cereals. The wife reported in two weeks that he was having attacks every day but that they had not been so severe for the past three days. No mental change. Two weeks later report was: "Attacks fewer and lighter and knows a little more." At the end of the second month there had been a little more improvement in the attacks and great improvement in his mental state. He could do a few chores now. We changed the potency to the 6th under which he continued to improve more rapidly. At the end of 18 months he was doing his work as before the injury. However, he still has two or three attacks a year brought on by overexertion or excitement, once after intercourse. This was the only case where loss of blood was recorded as an etiological factor. I have always been in doubt as to which was the more important factor, the loss of blood, the fright, or the bromides. All I can say is that many cases of epilepsy have been helped and some cured by substituting Zincum phos. for the bromides or even when the attacks continued after the bromides had been discontinued. I have not cured many cases of grand mal but Zincum, Phosphorus and Lachesis have cured more for me than all the other remedies.

Case II.—Business man, age 64, dark, had been very active and keen and of excellent health till he contracted syphilis about ten years before coming to me. He had had severe gastric crises and a few epileptiform convulsions. For the six months he was treated with heroic doses of Kali iod. tincture. This checked the spasms but made the pain in the stomach much worse; caused nausea and vomiting and disgust for food, even the sight of it. More than that he was failing mentally, “was getting silly and foolish.” He would laugh out loud when sitting all alone in his sitting room. His daughter, who came with him and reported the above, also said, “He wants me to kiss him every time I come into or go out of his room, something he never did till two weeks ago.” He had the ataxic gait. The daughter had taken him to another physician who told her to go back to the iodide of potash. He said that was the only thing that would do any good and that all they could expect was to keep him alive a little longer by its use. The daughter then brought him to me. He was given one dose of Syphilinum 1000th and beginning 48 hours later took five one grain tablets of the Zincum phos., four times daily, 10 minutes before meals and at bed time. Ten weeks after the stomach and mental symptoms (*i.e.*, the silly, foolish ones) had disappeared. He was never permitted to attend to any business and he still has his ataxic gait.

I do not consider the above case a cure, simply an arrest of the downward progress of the disease and making a prolonged life a little more comfortable to patient and endurable for family. Use it in the 3rd three or four doses daily at first, then at longer intervals.

Aurum met.—This remedy has also served me in making the victims of paresis live longer and more comfortably. *Suicidal tendency* is a ranking symptom of this

group. The patient is disgusted with himself and everybody and everything else; but mostly with himself. *Violence or extremes* is also a ranking symptom, his *desires are great*, his *aversions extreme*; there is nothing halfway or moderate about the Aurum patient. His arteriosclerosis is marked, his nightly paroxysms of pain are "terrific." The cause of the condition usually is syphilis, but I have seen a few cases with neither history nor Wassermann to indicate syphilis, but both history and laboratory tests of tuberculosis present. *Loquacity* is also a marked symptom, talk, talk all the time, question after question without waiting for an answer. I have used the 6th, 30th and 200th with about equal efficacy.

Bartlett advocates the *chloride* of gold instead of the metal. Dr. A. M. Linn also reported a case for which Aurum seemed strongly indicated and to which he had given the metallic in several potencies without benefit, which rapidly improved when the chloride was substituted for the metal. I never have used the chloride.

Phosphorus.—This is a remedy which we can prescribe for general paresis without suspecting or trying to demonstrate that syphilis is the cause. The *cause* in the Phosphorus cases is a genuine *fatty degeneration* of the brain tissue. It is a *progressive* condition. Phosphorus causes many conditions, many symptoms which gradually grow worse. The make-up of the patient, so well known to all, is helpful but not essential to the selection of the remedy. Phosphorus, like Arsenicum, acts on all tissues and causes destruction of all.

"The mental symptoms are: *Disinclination to mental or physical exertion*; to *study*; to *converse*; anxiety, *apathy*; objects to conversation; slow flow of ideas; inability to think; cannot concentrate mind for any length of time; stupor, from which he could be aroused for a

moment only to lapse back into a muttering lethargy and forgetfulness." My notes from a lecture by T. F. Allen in 1881 contain the above.

Of a special lecture by S. H. Talcott, in 1882, I recorded the following:

"Insanity from masturbation or excessive sexual indulgence; insanity resulting from phthisis; cerebral softening; spinal softening; locomotor ataxia; paralysis following wasting diseases. It tends to delay the processes of cerebral degeneration, and hence it is of great value not only in relieving the sleeplessness of those suffering with organic brain disease, but it tends to ward off and hold in check approaching apoplexy and paralysis. But the Phosphorus itself is a wonder-working brain remedy if judiciously applied."

Staphisagria.—Although I can verify the correctness of Professor Talcott's statement to the effect that Phosphorus is often indicated and very effective for paresis due to masturbation I would place Staphisagria above it. I have used Staphisagria successfully in many cases, but in only two cases of paresis.

Case.—A tall, slender, dark haired bachelor, aged 62, a school teacher, was brought to me by his brother who gave the following report: "As you know, he is a masturbator and has been all his life. He has taught more than one of his pupils the dirty trick. You also know they would not employ him any more as a teacher because he was getting so filthy and dirty in his habits. Since then he insists in staying in his room where he talks incessantly about his sexual organs. He gets furious if we go into his room and try to reason with him. We had one physician come to see him, who said it was insanity and that nothing could be done for him. We then had another doctor come. He examined him on two separate

days and then said it was a form of insanity. He called it something like 'paroges' and said that he should be taken to an asylum. We do not want the disgrace so our sister, who knows you, wanted me to bring him. He also knew you and consented to come."

The appearance and behavior was much like that of the young man whom Staphisagria cured of impotency caused by masturbation. He was put upon five drops of the 3rd, four times daily. His family secured the services of a strong trained man nurse, who stayed with him night and day. After taking the remedy for about three weeks his mental condition began to improve, his fits of anger ceased, he became more cheerful; would play checkers with his nurse and at the end of two months seemed more like himself. The nurse told me that in spite of anything he could do, the patient would masturbate every morning soon after waking. The nurse was dismissed at the end of five months.

Picric ac.—This remedy has helped check and hold the downward progress of paresis and in some cases even improve the mental condition of the patients. *In every case have I found the patient profoundly anemic.*

Mental symptoms are few, viz., aversion to all mental exertion, giving as a reason for the aversion "that it makes my head ache," and "that I get so tired and irritable when I read or have company."

Physical symptoms are much more numerous. Weakness is the ranking one; dyspnea from the least exertion is also marked; frequent erections; disturbed, restless, unrefreshing sleep; crawling, numbness, trembling and twitching in different parts of the body; burning in the spine is an early symptom.

Blood.—As stated above we have always found profound anemia and yet even in those patients who were

most anemic there were *frequent attacks* of flushed face and what was called *congested headache, relieved by a profuse epistaxis, the blood being bright red*. This condition is duplicated in Ferrum phos.

Case.—Mrs. C. H., aged 47, dark, thick set, married woman, mother of five children; matured at 12, began to menstruate too frequently and too freely at 42; menses ceased at 45. Since then had had most of the symptoms given above. When the menses ceased, she said there developed "*trouble with the sexual organs*." When asked to be more explicit she answered that the sexual desire had greatly increased so that it was decidedly annoying; that intercourse completely prostrated her.

The blood test showed profound anemia.

Picric ac. 3rd, five one-grain tablets, at first every three hours and at longer intervals later, cured her. It took over two years.

I also used Picric ac. for a case of pernicious anemia * with success.

NEUROTIC EDEMA.

Synonym.—Angioneurotic edema.

Definition.—An acute edema of the skin, mucous membrane, or serous membrane; an edema without local or general cause; an edema very important to the general practitioner of our school as the selection of the indicated remedy depends upon the patient's syndrome.

Some authors claim it is only a symptom of some organic disease of the brain or nervous system; others claim that it is mostly an edematous manifestation of the skin or membranes in diseases like tuberculosis, carcinoma, anemia of nutrition, hypothyroidism, etc.

* See Royal's Practice, page 13.

Etiology.—As yet the cause is not positively determined. Quincke's paroxysmal edema is considered an *inherited* condition. I have known two families in which it has been present for four generations.

Diagnosis.—This is made by the process of elimination. Cut out all the conditions mentioned above of which the edema may be a symptom.

Pathology.—Edema of the skin and membranes which comes suddenly continues for a variable length of time, a few hours to several weeks, and disappears without leaving any residua.

Prognosis.—This depends upon the part of the tissue affected. All cases when the skin is affected get well; a great majority of the serous membrane cases recover. When the membrane of the pharynx and larynx is involved the diagnosis is grave.

I knew one case, a child of six years in one of the families mentioned above, who choked to death three hours after the first symptom. The child, up to within three hours, was to all appearances perfectly well and healthy. He was intubated about 15 minutes before he died.

Symptomatology.—A sudden edematous swelling of a part of the skin or membrane. This may appear simultaneously in several parts of the body. The spots usually are red, but now and then paler than normal. The areas are usually harder than normal but may be softer in a small per cent. of cases. The focus is usually small but in one case I saw the entire left side of the body was involved. The most frequent sensation is one of "tension," "fullness," "puffiness," as expressed by different patients. "*Drowsiness*," "*sleepiness*," "*dull*," "*stupid*," are other expressions used. "*Distress*," "*trouble in breathing*" are

two most frequent sensations given by patients suffering from edema of the pharynx or larynx.

Pain is remarkable only for its absence in uncomplicated cases or unless the condition is a symptom of some organic nervous or mental disease.

HOMEOPATHIC THERAPY.

There are four remedies which have afforded relief to patients suffering from acute neurotic edema. I will name them in the order of their frequency in my practice: Apis mel., Acetic acid, Arsenicum alb. and Rhus tox.

Apis.—This remedy acts better on the membranes than upon the skin. It has saved my life twice with the help of *Acetic acid* (cider vinegar). About 11 P. M. of a day which had been unusually strenuous, having spoken three hours, besides attending two cases of obstetrics, I was awakened with great difficulty in breathing. *I could not get any air into my lungs.* The condition grew steadily worse till about 3 A. M. I then began taking 5 tablets of Apis 3rd, dissolved in a dram of water every fifteen minutes. I sent for a throat specialist at 4 A. M., who came prepared to intubate in case of necessity. He examined my throat and, confirming the diagnosis, advised intubation at once. However, desiring that as the last resort, I had Mrs. Royal boil some water, into a pint of which I put a dram of strong table vinegar. Over this a funnel was placed and the steam carried to my nostrils. By morning I was somewhat relieved. At 8 A. M. the specialist left, saying he considered me out of danger. The next morning the doctor called but I had left on my round of calls. This was my second and last attack. The first had been lighter and had yielded quicker. The cause in both cases was over-exertion, physically and mentally.

I have had four similar cases treated by Apis. Of these, two were also given the fumes of vinegar. All recovered in a short time—four days being the longest. The four presented a marked edema of the pharynx and larynx. In one there was a little sack of water at the end of the uvula. In neither my own nor any of the others were fever or any urinary symptoms. The pulse was a little rapid and weak during the height of the attacks. I was drowsy, would fall asleep only to be awakened by dyspnea. I have used Apis successfully in three cases of edema of the throat as a symptom of diphtheria. By successfully I mean that the edema and diphtheritic membrane cleared up. One patient fell out of a chair dead eight days after all traces of either edema or membrane had disappeared.

Arsenicum alb.—This remedy relieves edema which affects the skin and membrane about equally. The parts of the skin most affected are about the eyes and the face; in a few cases the ankles; the membranes of the larynx and lungs; also the vulva. *The attacks usually appear from midnight to 2 A. M.* The patient, instead of being dull and drowsy, is restless, *anxious and sleepless*. In a few of the many Arsenicum cases there have been some *fever and dryness of the mouth*.

Apis has more skin symptoms, like the result of bee stings. I have never used the fumes of vinegar with Arsenicum. Give Apis in the 3rd and 6th. I never use Apis for these cases in the liquid form except the 30th and higher. Give Arsenicum in the 6th, 30th or 1000th.

Rhus has a greater "elective affinity" for the skin than the membrane. The scrotum, the penis, the vulva, and about the mouth. Of the membranes those of the joints are most frequently affected. Stiffness is the ranking sensation. "*Stiff as a board*," "*stiff as leather*" are the

patient's expressions. Rhus has *no fever, no thirst*, and no urinary symptoms. The amelioration of the stiffness by gentle motion is not given in over one-third of the cases which Rhus has helped. Use the 6th, 30th and 1000th at long intervals. These cured one patient of the tendency of recurrences at every "spell" of cloudy, damp weather.

Agaricus mus.—Agaricus affects the nerves much more than the skin. *Twitching, itching, jerking, numbness and tingling*, any and all, may be present; *but pricking* as if by ice-cold needles is the ranking, determining, yes, characteristic symptom. This pricking and twitching of the cervical muscles was very marked in the only two cases I ever saw use Agaricus. The pains were followed by redness and then hard, light-colored spots down the left of the spine and then around on the three lower ribs of the left side. The first case was a woman of extremely neurotic temperament in charge of Doctor A. O. Hunter. He had given her Actea at first for two weeks, then, when the edema appeared, he changed to Arsenicum album 6th, which had been taken for ten days, when I was called. The first thing I noticed was twitching of the right upper eyelid. Taking the case brought out nearly all the above symptoms with the addition that "*the thing began after a long. . cold sleigh ride and was worse from cold and better from heat.*" The 30th cleared up the case completely.

Auxiliary Treatment.—Local applications nor electricity never seemed to do any good. Putting the patients to bed in a warm, well lighted room, gave great relief to the two patients referred to above.

MULTIPLE SCLEROSIS.

Synonyms.—Disseminated sclerosis; Insular sclerosis (Sclerosis en plaque disseminees of the French).

Definition.—A chronic degeneration of the brain and spinal cord, in spots (en plaque) or foci, giving rise to tremors, weakness (paralysis), and various other manifestations appearing in different tissues or organs according to the location of the foci affected.

In 1880 Samuel (Grandpa) Lilienthal opened his lecture on this subject with: "This disease is not as rare as many physicians believe." Twenty years later I began the consideration of the remedy for a clinical patient with: "This condition is much more common than is generally supposed." And now, after twenty-five years more experience, I consider it one of the most, if not the most common of the diseases of the brain or cord, one or both.

Etiology.—Lilienthal in 1880 said, "Cause unknown and for us immaterial." O'Connor in 1898 wrote, "*Etiology.*—Unknown, but frequently follows some infectious disease such as smallpox, scarlatina, measles, etc." O'Connor also adds: "Strumpell has lately advanced the hypothesis that the disease is primarily a multiple gliomatosis due to *unborn* conditions."

In 1900 I taught that the *predisposing cause was inherited*, transmitted by parents who were defective in general nerve force and that the *exciting causes were* the tremendous *strain* which schools and society were making upon the people also the *drain* and strain of *severe cases of infectious diseases*.

In 1901 P. Jousset wrote: "Etiology—not well defined—occurs more in adolescence and the beginning of adult life—after acute diseases, typhoid, variola, etc.—exposure to cold."

Cowperthwaite in 1901 wrote: "Neuropathic temperament—infectious disease—traumatism." In Osler's Modern Medicine, 1910, Edwin Bromniell, M. B., F. R. C. P., of London wrote: "The causes are most obscure." In 1920 Anders wrote: "It is not certain that there is a single cause for all cases of multiple sclerosis." He then mentions "*Congenital predisposition*," "trauma," "shock" and the "metallic poisons."

Thomas, in his Eclectic Practice of Medicine, 1922, wrote: "The specific or exciting cause is unknown. Among the predisposing causes may be named age; hysteria; trauma; exposure to cold; and infectious diseases. *Heredity is also a predisposing factor.*" Curschmann, in his Clinical Neurology, 1927, wrote: "There is hope that the etiology of multiple sclerosis is nearing a solution, and the theory of an endogenous *constitutional* condition has *been largely abandoned* in the face of evidence concerning the inflammatory character of sclerotic foci. In 1917, Kuhn and Steiner described a spirochete as the causative agent. While this question remains unsettled, it has at least led to the abandonment of the idea that trauma, chill, and the like may cause this disease." Personally, I am of the same opinion I held in 1900.

I have devoted this large space to etiology to show that not only our writers on internal medicine, but also our general practitioners are writing about and treating many other conditions than multiple sclerosis under that name. Anders suggests what four of these conditions may be by running the symptoms in four parallel columns, *viz.*, Disseminated Paralysis; Tabes; Hereditary Sclerosis; and Agitans Dorsalis Ataxia.

Pathology.—First irritation, then inflammation, then functional changes, and finally degeneration "at different foci" "in any part" of the cerebro-spinal nervous system.

It is this *different foci*, this in *any part*, which makes the diagnosis so difficult, the prognosis so variable or uncertain, and the therapeutic and auxiliary treatment so diverse and difficult. *Everything depends upon the individual case.*

Pathology.—A few or many foci of degeneration in any or all parts of the gray and white tissue of the brain and cord. Microscopically, they have sharply defined outlines irregular in shape and of a grayish-red color. As a rule these foci are much firmer than the surrounding nerve tissue.

The above, of course, are post-mortem findings. The changes which preceded these are purely conjectural and as follows: Perivascular infiltration of blood vessels, with lymphocytes; with plasma; granular and scavenger cells.

Diagnosis.—It has been mistaken for tabes more than any other condition. Our differentiation must be made from the spinal fluid. The cerebro-spinal fluid of multiple sclerosis may show cell increase, globulin increase, also the paretic gold curve, but never a positive Wassermann. The X-ray, the spinal fluid, and the existence of spinal block will help differentiate it from pachymeningitis; circumscribed spinal meningitis; cord tumor or diseases of the vertebra.

I have had more cases of hysteria that have puzzled me to differentiate than of any other disease, notwithstanding the statement that "authentic pyramidal tract phenomena cannot exist" (in the hysterical patient). The age of the patient, the absence of endocarditis, arteriosclerosis, and of nephritis should prevent its being mistaken for embolus or cerebral hemorrhage.

Prognosis.—With such an uncertain and varied etiology; with an equally differing condition in the separate stages; also with an almost innumerable list of symp-

toms, it is evident that our prognosis *must depend not only upon the individual but also upon the stage of the disease*. We should also bear in mind that remissions are frequent and variable in length and completion.

Symptoms.—Most give the symptoms of a typical case, but my experience would indicate that there are three atypical cases to one typical.

Motor disturbances first appear; a slight awkwardness in the use of a hand or foot, now and then of both extremities, causing, in some cases, unnatural, clumsy gait. Then comes *tremors*, worse on attempting motion, *ceasing completely from absolute rest*. When the tremor becomes so marked as to affect the entire arm or leg, or both arms and legs, some call it “wagglng,” others “jerking.” If the tremor is of the arm, the patient cannot touch the tip of the nose with the eyes closed; if of the foot, he cannot walk a straight line even with the eyes open. Ataxia is common and when the foci are in the part of the spinal column which is affected in tabes, these “jerky” tremors, this “wagglng,” and the nystagmus are the two leading symptoms for making the differential diagnosis. The nystagmus is present in three-fourths of all cases. The other eye symptoms are diplopia and amblyopia. When the eye symptoms are marked, the “tremors” are aggravated.

“*Scanning Speech.*”—This abnormal articulation is as characteristic as the eye symptoms but not nearly so frequent. It occurs when the “tremor” attacks the organs of speech, causing the patient to talk slowly and to chop his words and sentences into syllables and words. Vertigo, anesthesia and hyperesthesia are present in some cases. The sensorium may be blunted or made more acute. The patient may be made better natured or more irritable. My experience would say, duller and crosser,

The above are only a few of the symptoms which may be found in different patients or in the same patients at different times (stages) during the disease, which, please bear in mind, is not a self-limited one like measles.

HOMEOPATHIC THERAPY.

There is no abnormal condition of the brain and spinal cord which calls for a larger number of remedies, and hence for more study to select the indicated one, than multiple sclerosis. Therefore, I am going to give only those which, in my experience and observation, have produced the best results. Furthermore, I am going to give as illustrations clinical cases which I have treated.

Remembering that our location is brain and spinal cord, should the foci be in the same sections as are involved under tabes, the symptoms for the remedies given under that subject would be the same. Again, as heredity is found to be the cause in a certain per cent. of the cases the remedies given under Friedreich's Ataxia would be called for. The symptoms of these will not be repeated.

Phosphorus. *Case I.*—In December, 1882, Dr. E. B. Hooker and I were called in consultation by Dr. Taylor of Manchester, Conn. The patient was a tall, slim, pale, light-complexioned woman of 23, mother of a puny, sickly baby girl, 25 days old.

Family History.—Father's family all strong and healthy. Mother's, *tubercular and neurotic for three generations.* The patient's mother had been subject to *attacks of hysteria* from maturity till 4 years after the menopause, 17 to 53; she had always been emotional and euphoria had been marked; following scarlet fever, at 14, her hands, arms and feet had been partly paralyzed for several months; fainting spells at every menstrual period till birth of patient.

Patient's History.—Dr. Taylor, who officiated at her birth, said she was: “A three-pound mass of pulp, both *bones and muscles soft*; that for over two years before maturity she had had several attacks of *jerking of feet, hands and tongue*, which **Tarantula** 30th had always controlled. The attacks cleared at maturity but returned soon after her marriage but again readily yielded to Tarantula. The patient was free from attack during gestation but they had returned when the baby was three days old. The lochia had been very profuse during three days. The patient's menses had always been not only too profuse but of too long duration.”

All reflexes were exaggerated, even nursing the baby, which was done under protest as the patient declared she was not going to be “tied up to a baby” and debarred from her social pleasures. Tarantula, Chamomilla and Gelsemium had failed. Dr. Hooker did not think any remedy would do much good but suggested that Tarantula be tried in different potencies. Hooker suggested also a good nourishing diet and complete rest, also weaning the baby. I agreed as to diet, objected to weaning the baby, and suggested Phosphorus 30th, five drops every three hours. For auxiliary treatment, hot and cold water in alternation applied to the spine. Because the father was an old friend of mine, my suggestions were followed. Improvement soon began, was slow, but uninterrupted till patient's normal condition was restored.

In 1916 during my vacation in Connecticut, I was in the office of my old friend, Erastus E. Case, of Hartford. We were reminiscing when Dr. Case said “By the way, you remember the case of Mrs. W.? They became my patients after Dr. Taylor died. Mrs. W. never had a return of her hysteria till she was 43 and then the attack followed a hot old family spat. The attack was a most

severe one but yielded to *Tarantula* 1000th." In reply to my inquiry about the daughter (the baby) he replied, "Oh, she is happily married and has two children. Dr. Taylor gave her *Calcarea phos.* for years. She had dysmenorrhea, like her mother, with pain so severe as to cause syncope, but *Nux mosch.*, the 1000th, cured her of that."

This case has been cited for three purposes: 1st, to give the *Phosphorus* group for the condition under consideration; 2nd, to emphasize the fact that heredity is often the predisposing cause, *i.e.*, an inherited weakness of tone of the brain or spinal nervous system; 3rd, to give the *Tarantula* group for palliation and the *Calcarea phos. group* for prophylaxis.*

Case II.—A law student, aged 23, thick set, stocky, well developed and light complexioned, came to my clinic with the following: "I inherited weak vision. From the time I entered high school till three years ago was given *Calcarea carb.*, at first, and after that *Gelsemium*, but now neither work. At the last semester examination my eyes went back on me so I could not write the answers to questions. In addition to that my arms jerked and my hands trembled so I could not have written had I been able to see. My legs were also weak and shaky. Every little while I could see black objects moving." He had been "cramming" for an examination, due the following week and the symptoms were returning. *Gelsemium* in the 3rd and 30th had failed. He was put upon *Stramonium* 6th, ten drops every three hours, and ordered to report in a week at the clinic. He did so, saying, "It worked like a charm." He reported after three other semester examinations that the trouble never returned.

* It was Dr. E. E. Case who prevented me from turning back after I had taken hold of the homeopathic plow handles.

The action of Stramonium is usually palliative, not permanent.

Agaricus mus. *Case III.*—Professor P. E. Triem sent me the following case from his clinic at Iowa City. “Student, aged 21, *thin, spare, nervous temperament*, inveterate smoker, had *rheumatism of arms and left leg three years ago, after getting wet*, which was cured by *Rhus tox. 6th.*” He was in, a week ago, and presented the following: “*Pulse irregular, rapid, marked palpitation over region of heart, slight mitral insufficiency; sharp shooting pain in left arm, worse when the palpitation is worse. Also trembling and weakness of legs causing unsteady gait; cramps in the feet; and spasmodic jerking of the arms on every motion.*” Professor Triem added, “The class was divided between *Rhus tox.* and *Spigelia* so I decided for the latter and gave it in the 30th. He reports ‘no better’ today. Our diagnosis was multiple sclerosis.”

Further quizzing revealed the fact that though his mother was healthy, now at 51 years of age, she had been subject to what her doctor called “hysterical spells” from 15 to 35 years of age. We changed the rank of the symptoms, giving the highest to those of the extremities; that changed the totality, making *Agaricus* the remedy. It was given in the 30th, five drops on disks every three hours. The pains were greatly improved the next week * and had disappeared completely at the end of the second week. Five weeks afterwards both Professor Triem and myself together reviewed the case, and for his heart symptoms prescribed *Crataegus 1st*, five drops before each meal. He was also persuaded to cut out tobacco. He reported at the clinic every three months for two years and was nearly normal at his graduation.

* Prof. Triem and I held clinics weekly.

Agaricus 30th was also used for a young woman student who, in addition to a group very similar to the above, except the heart symptoms, had marked diplopia and amblyopia when excited and just before the menses. She had suffered from the condition for nearly four years. She was cured in three months. The Agaricus was taken four times daily for ten days before menstrual period.

Physostigma. *Case IV.*—A woman, married (mother of four “sickly” children), aged 36, fat, heavy, light-complexioned, came into Professor W. H. Dickinson’s clinic with “I came to see what you can do for my heart. If you can cure that I would be all right, as I have no other trouble.” Examination by Professor Dickinson showed a feeble, irregular, weak pulse; heart beats were clearly visible. The patient said, “I can feel it beat in my head and through my whole body, worse when I hurry or get mad, then I tremble all over and often get blind. Oh! if you could only cure my heart!” The “fibrillary tremors” were marked. Tests showed that she suffered from syncope which was getting worse; jerking of the muscles of thighs and left leg. She admitted that her hands and feet got numb and went to sleep.

Professor Dickinson’s diagnosis was “degeneration of the spinal cord and beginning fatty degeneration of the heart muscle which was hypertrophied.” He closed by saying: “Tell Royal I suggest Physostigma the 3rd four times daily at first, then twice daily for six months.” It was given and greatly improved the patient, but, of course, could not cure her. She was used as a clinical patient for eight years when she died suddenly from cerebral hemorrhage.

Kali phosphoricum.—If I were restricted to one remedy and were in the habit of treating the disease instead of the patient, I would choose Kali phos. “One of the

greatest nerve remedies especially adapted to the young." * Kali phos., Magnesia phos. and Strychnia phos. constitute a most efficient trio for the treatment of patients of this degenerate age, an age so productive of brain and nerve exhaustion and degeneration.

Kali phos. has not the "*trembling*" of Gelsemium or Argentum nit., but it has *paralytic weakness* of extremities aggravated by exertion, also pain with fatigue and complete exhaustion.

Under eyes are weakness of vision and ptosis.

Under Mind.—Much worry about business; the least mental exertion seems a burden and impossible to perform; anxiety; loss of memory. Not much pain in Kali phos.

Magnesia phos., on the other hand, has a great deal of pain of every description. It has much more twitching and jerking also painful spasms. Its *modalities* are marked, especially ameliorations from *warmth*, pressure, bending double, and friction. Its aggravations are motion and cold. It has helped patients suffering from nystagmus and ptosis. The subjective eye symptoms are *hot, aching, tired, vision blurred* with all sorts of colored objects before the eyes. Use the 3rd trituration in hot water at frequent intervals.

Strychnia phos.—Strychnia phos. is a more powerful, deeper acting remedy than either of the other two. It was proven by the senior class at Iowa City in 1907. For results of that proving see Medical Century, 1908, page 261. Boericke has the following condensation in his Materia Medica, page 712: "This drug acts through the cerebro-spinal system upon muscles, causing twitching, stiffness, weakness, and loss of power; upon circulation, producing irregularity of pulse; and upon the mind,

* Wm. Boericke "Materia Medica," 8th Edition.

producing lack of control, uncontrollable desire to laugh and disinclination to use the brain. Very irregular pulse. Useful in chorea, hysteria, acute asthenia after acute fevers. Symptoms worse on motion, better for rest and in open air. An excellent remedy in anemia of spinal cord; paralysis; burning, aching and weakness of spine; pain extends to front of chest; tenderness on pressure in mid-dorsal region; cold, clammy feet; hands and axillæ covered with clammy perspiration. Atelectasis and break in the compensation of a hypertrophied heart; the beginning of fatty degeneration of the heart muscle. (Royal.)"

Dose.—Third trituration.

Echinacea.—I have used this remedy both locally and internally for the last stage of this condition when we have the *septic symptom of decubitus*. For local application, one dram to a pint of warm water; internally give five drops of the 1st four times daily.

Auxiliary Treatment.—This must be selected for each individual case; rest for one, exercise for another, but both in moderation. To succeed requires both practical knowledge (experience) and judgment. Electricity should be used very cautiously. My experience would cause me to say it has done more harm than good.

Diet.—This should be rich in mineral salts, especially phosphorus. Dr. H. W. Anderschou, in his little booklet, "Cancer; Its Causes; Prevention and Cure," names "sulphate of potash, phosphate of magnesia and phosphate of lime." For patients suffering from nervous conditions, especially from multiple sclerosis, I would advise making one change in Anderschou's list and adding another compound of phosphorus, making the list Kali phos., Magnesia phos., Calcareo phos., and Strychnia phos. Next to phosphorus the diet should be rich in iron. Here again the compound of Phosphorus may be in-

dicated, for Ferrum phos. has served me well in some cases.

Coal Tar Derivatives.—*These, especially aspirin, have done many fold more harm than good.* I emphasize aspirin, not because it is more injurious than any other but because it is so universally used and this, too, by advice of physicians. Therefore these drugs are mentioned only to be condemned.

Palliation.—Our best remedies for palliation are Magnesia phos., Colocynth, Chamomilla; also Cuprum ars. and Zincum val.

SYMMETRICAL GANGRENE.

Synonym.—Raynaud's disease.

Definition.—A marked angiospasm, coming in paroxysms, resulting in gangrene due to disturbances of the circulation. The parts affected are the fingers and toes, the ears, and sometimes the face.

Etiology.—Trauma; intoxications; infections; poisons, especially lead and secale; and congenital lues have all been given as causes. The inherited tendency to develop some vasomotor abnormality has been claimed; age, all ages from nursing babes to grandmothers.

Pathology.—Inflammation of the ganglia of the cervical sympathetic nerve has been discovered in chronic irritability of the vasomotor trophic system and been assigned as a cause of Raynaud's Disease. However, nothing definite is known.

Differential Diagnosis.—The purely benign vasoconstrictor conditions of the peripheral nerves. These soon disappear. In patients affected with diabetes, arteriosclerosis or embolic gangrene, the condition is usually unilateral while Raynaud's is symmetrical.

Prognosis.—As to life, good; as to health, unfavorable; relapses are frequent. Since the use of the glandular extracts, however, the relapses are far less frequent.

Symptomatology.—Vascular spasms are the first noticed; paresthesia, paleness and coldness of one or more finger, toe, or ear; very rarely the thermic centers are involved. Later the skin of the affected parts becomes discolored, bluish, reddish, spotted, light, etc.; also swollen and finally comes the *dry* gangrene. I have never seen a case of the moist, but my colleague, Dr. C. E. Halloway, told me he had had one case. The above are the uncomplicated cases. We may have many and varied complications, *viz.*, anemia, hemorrhage from the nose, bladder, kidneys, uterus or even from the skin itself.

HOMEOPATHIC THERAPY.

Secale cor.—This remedy will be indicated in 95 per cent. of all cases of uncomplicated dry gangrene. Every symptom of the condition is recorded in its pathogenesis. More than that, poison from ergotin is given by old school authorities as one of the causes of the disease.

The 30th potency has served me the best. Five drops, morning and evening, has been my method of administration.

For the complicated cases, especially of the hemorrhagic form, the following have been helpful:

Lachesis.—The *skin* of affected areas at first *becomes blue or purple*, then there is an *oozing of dark, decomposed blood, or blood and pus*. The course of the lachesis cases is much more rapid and debilitating than that of *Secale*. *Chilliness* of the back and *icy cold extremities* are not only subjective but objective symptoms. The *modalities* of the remedy which are usually present are worse from sleep and better from drainage and dry, hot

applications. It seems to work better on elderly people with a history of periodic attacks during their younger days. Use Lachesis high, *i.e.*, 500th or 1000th and give time for action before repeating the dose.

Carbo veg.—I have never received any benefit from this remedy, but Professor Fred Becker, while acting professor of theory and practice at Iowa City, gave it with most excellent results to a woman aged 48, married, with a history of *poor health all her life*. According to her statement: “Indigestion all my life, always *bloated, belching*; and *distress* from whatever I ate or drank; also *frozen up all the time*.” The area was the left toes, also foot. These were *icy cold, blue, mottled* and, in *addition*, the skin up the leg, half way to the knee, was red and swollen; but cold both subjectively and objectively. Professor Becker gave her the 200th, two doses daily and then one each week for six weeks. For diet he cut out all fats and kept her on fruits and cereals. He also cut out all tea and coffee, but gave her all clear water or water in the shape of weak lemonade without much sugar, that she cared for. The case cleared up completely and there has been no return of either the gangrene or “indigestion.” She had stuck closely to her diet, however. In addition to the above, Arsenicum and Phosphorus have been credited with cures. Our latest old school authorities give these and iron, also quinine, as their treatment, classifying them as tonics.

Auxiliary Treatment.—Electric baths have relieved. Massage by a good intelligent osteopath has helped some of my patients, supplementing the action of our remedies. The sensations of hot and cold are those which received the most help from osteopathic treatment.

However, the most important auxiliary treatment is the regulation of the diet. Let me illustrate by the fol-

lowing case: A man, spare, tall, weight 136 pounds, suffered from excruciating pain in the prominent vertebra. There was also severe pain from a blow to the fingers or toes. All of the fingers and the toes of the right foot were both objectively and subjectively as cold as ice. He had been losing weight for about three months. He was a heavy meat eater and very fond of sweets. He was starved for three days; nothing whatever except cold water was permitted. He was also given an enema every morning. After the three days, for nine weeks his diet was as follows: A pint of orange juice in the morning. At ten o'clock the juice of one orange, two lemons, and the yolk of an egg. At noon two bran muffins and the juice of another orange, also a little butter on baked potato and cauliflower. At dinner, bran muffins, all sorts of vegetables, dates, and figs. At the end of that time the pain was gone and the fingers were greatly relieved in respect to coldness. At three different times during the nine weeks the skin of the fingers festered, turning first a yellowish white, then blue. This was two years ago. He still has coldness of the fingers but there is no return of the pain or discoloration of fingers or toes. He has gained in weight and calls himself well. He admits, however, that if he smokes excessively the coldness of the fingers and toes is very much aggravated. A diet of fruit and fish is the best.

PARALYSIS AGITANS.

Synonyms.—Shaking palsy; Parkinson's disease; Senile palsy.

Definition.—We have changed our definition since 1880. We were taught that paralysis agitans was a chronic condition of old age, of which the ranking symptom was paralysis. However, twenty years of experience

taught us that there were very few cases of the disease and that paralysis was not a ranking symptom. More study and experience caused us to teach that paralysis was not only not a ranking symptom, but not a symptom at all. More than that, our experience of the past twelve years has taught us that it is not a rare disease, but a common one, and that it is not confined to old age but attacks the young as well. Still further, we have learned to know that the tremor (the agitans) is not pathognomonic. We have had several cases following encephalitis, especially of the purulent form, so that we would change the name to postencephalitic paralysis.

Etiology.—Anders,* in 1920, wrote the following: "Paralysis agitans is a disease of adult life, developing in a large majority of cases between the fortieth and forty-fifth years; it is met with more often in men than women. No definite etiological factor is known, though, as in most, if not all, nervous diseases, it is predisposed by mental strain, worry, or trouble of any kind. Some cases seem to be excited by traumatism."

Paralysis agitans afflicts all ages, all classes of society and all races.

Pathology.—Not definitely known nor accurately described.

Diagnosis.—We formerly differentiated it from hysteria by the age of the patient, but cannot do so at present.

The symptoms of multiple sclerosis which come from the pyramidal tract will help us differentiate the two diseases. Paralysis agitans in the young has often been mistaken for chorea, and when the stiffness is slight and the trembling marked, the physician is not greatly to blame for the mistake.

* Practice of Medicine, page 1170.

Prognosis.—Unfavorable as to cure. The patient, however, may live thirty or even forty years, depending on complications, such as bed-sores, marasmus, etc.

Symptoms.—The condition is not often discovered at the onset. There is stiffness, which generally begins in one arm, is usually attributed to some exposure or strain. After a time, often weeks or months, it attacks the other arm or leg, not often the latter. Later the stiffness extends to the extremities, the trunk, especially the muscles of the back, the neck, and the face. Motion, either passive or active, then reveals the true condition. To the stiffness, weakness is soon added. The legs become heavy, the muscles contract, the trunk becomes bent and the poor patient becomes unable to feed himself or attend to any of the functions of life, because of the stiffness, contractures, and tremors. He must be fed, etc. Then come bed-sores, insomnia, and debility till death ends the scene.

HOMEOPATHIC THERAPY.

Between 1892 and 1901, Professor Dickinson in the chair of Theory and Practice and the writer in the chair of Materia Medica and Therapeutics named and differentiated the following remedies.* Agaricus, Baryta carb., Physostigma, Phosphorus, and Rhus tox.

After the gripe of 1889-1890 the professor of Materia Medica added Gelsemium and Argentum nit. and after the flu of 1917—Hepar, Arsenicum iod. and Silica for the general symptoms, and Echinacea and Arnica, both locally and interally for the bed-sores and sepsis. Of these we will give only the ranking symptoms of this group for each remedy.

Rhus tox.—*Stiffness* is the ranking symptom. *Con-*

* See Dickinson's Theory and Practice, page 271.

traction of muscles, especially of the tendons, is the second. *Aggravation from damp weather* the third. The general aggravations and ameliorations of rest and motion the fourth.

Rhus has little or no real tremors, much *weakness*, and *acts equally well on the young and old*. The low potencies for the recent, the high for the chronic.

Gelsemium.—*Trembling* ranks the highest; *weakness* and *paralysis, especially of the muscles of the head, i.e., eyes, tongue, deglutition*. The weakness is shown in the *staggering gait* and marked *fatigue* from the least exertion. There has been paralysis of the sphincters of both bladder and anus in a few cases, but usually that is due to excitement or other emotions.

I feel that it has aborted a few cases, following "flu" of the nervous form, which had been treated with aspirin or other coal tar products. For such cases give the 3rd, in five drop doses, four times daily.

Argentum nit. is the complement of Gelsemium. It has the same group of symptoms and in addition others which show brain and nerve degeneration. The patient's *memory is impaired*; he is *easily excited or angered*, and the organs of digestion affected, resulting in much *flatulency* and a greenish diarrhea. The 30th is the best potency for Argentum. Neither Gelsemium nor Argentum have the stiffness nor contractures of Rhus.

Baryta carb.—I used this remedy twice; once with great success and again with total failure. The two cases seemed almost identical from the viewpoint of symptoms.

Case I.—A business man, who had been very active and also successful, was brought to me by his son who was also his partner in business. The son said, "I don't know what is the trouble with dad, but he is getting so forgetful, he makes all sorts of mistakes in charges and

making change. Not only that, but he dreads to wait on people, especially strangers. He also thinks that we are going to the dogs financially."

Taking the case revealed the fact that the condition had first been noticed over a year before, but had been growing rapidly worse for the past month. Also that he had stiffness and pain in the neck and small of the back, also tearing and drawing in the left leg. All of these had been noticed for nearly five years. He had become more "doubled up" for the past year, and had to hold on to things because his legs trembled. For the past week he had been talking business in his sleep, "talk, talk, all night long," his wife had reported. Baryta carb. 3rd, four tablets daily, checked the progress of the mental condition after two weeks and relieved the pains and trembling of the legs. He lived to be 73.

Case II.—This was also a business man, aged 69. The only difference between the two was that the business of the latter *was really* "going to the dogs." Baryta carb. nor anything else helped him. He died 13 months later, after being bedridden three months.

Agaricus mus.—*Trembling, twitching and jerking* are all marked under this remedy. *Stiffness* of all the muscles is also present, but not so marked as under Rhus. The muscles involved are those of the neck and back, one arm and the opposite leg. Weakness is not marked. However, there are two sensations which have been present in more than half of my cases, *viz., itching of the skin over the affected part and extreme sensitiveness of the spine—cannot have it touched.* The sensation "as if pierced by needles of ice" I have often met in the frost-bite group, but never in cases of paralysis agitans. I have used it in all doses, from a drop of the tincture to the usual drops of the 30th.

Physostigma (Calabar bean). I never treated a patient with this remedy but I saw two of Professor Dickinson's; one a clinical, one a private case. The indications as given in Dickinson's clinical case were: "*Marked fibrillary tremors of muscles of various parts of the body, also tetanic spasms of the muscles of various parts of the body, tetanic spasms of the muscles worse from motion and application of cold water. Both patients had palpitation and fluttering of the heart, felt throughout the whole body, the latter especially about the throat. Both patients were laborers, one a farmer, the other a mechanic. Both were relieved of the heart symptoms and the spasms. The tremors were greatly improved but not completely cured. One was aged 63, the other 48.*"

Dickinson used the 3rd, four doses daily, for a month, then a dose "every now and then," the order read.

Bartlett writes:¹ "Homeopathic literature shows but few cures and these by Plumbum, Mercurius, and Tarantula." I never have had any experience with either.

Auxiliary Treatment.—A patient of mine received much benefit from the treatments of a psychiatrist. The patient was a highly neurotic woman of 60, the psychiatrist a well educated woman of about 40.

TABES DORSALIS.

Synonyms.—Locomotor ataxia. Posterior spinal sclerosis.

Definition.—*The nervous manifestations of syphilis.* It begins when the patient is between thirty and fifty years of age. It appears in the great majority of cases from five to ten years after the contraction of syphilis. "No syphilis, no tabes."²

¹ Practice, Vol. III, page 206.

² Curschmann's Clinical Neurology, page 41.

This is considered the most common disease of the spinal cord. It is also considered curable *only* in the *early* stage. Hence the importance of early recognition and treatment by the general practitioner, who too frequently treats it as rheumatism, lumbago, sciatica, gallstones, appendicitis, neuritis, gastric ulcer, nervous dyspepsia, etc. The above applies more to members of the old school, who treat diseases rather than patients, but I find many of our school also make the same mistakes.

Etiology.—The pre-disposing cause is stated in the definition. The few exceptions do nothing more than establish the rule. The number of exceptions is greatly reduced by considering Friedreich's ataxia and the other diseases mentioned above as distinct and separate diseases. The exciting causes are exposure to weather, some of the acute infectious diseases, and physical and mental excesses. While it is the general opinion that such diseases as diphtheria and scarlet fever are never the primary cause of tabes, I feel sure that a latent syphilis is occasionally converted into tabes by them.

Pathology.—Let us homeopaths keep in mind that the *location* is the spinal cord, especially the lower segments—to be more definite, that part of the posterior roots “which passes through the pia to enter the spinal cord”¹ or “where the anterior and posterior roots are juxtaposed and enclosed as far as the spinal ganglia in a sheath formed by the dura and arachnoid.”² Here the luetic poison causes the four stages which our deep acting remedies may also produce, *viz.*, *irritation*, *inflammation*, *functional changes*, *structural changes*. The structural change in gray atrophy of the posterior column of Goll and Burdach, also the fibers of Clark's column. Not only

¹ Redlich and Obersteiner.

² Nageotte.

the posterior roots and horns are involved, but the peripheral nerves, especially those of the eye and occasionally the ear and the vagus. Those of us who believe in the "elective affinity" of drugs and realize the limitations of our remedies will recognize at once the vast importance of as complete a knowledge as possible of the action of this deadly poison which all schools acknowledge has an affinity for the tissues mentioned above.

Differential Diagnosis.—To the practitioners of our school this is of value only inasmuch as it will assist our differentiating (selecting from a group) the remedy for the individual patient. For other practitioners we simply ask them to compare the symptomatology of similar conditions and form their own opinion from the comparison.

Prognosis.—This depends upon the following conditions:

1. The stage of the disease at the time the patient first consults the physician.
2. The physician's knowledge of the action and application of the indicated remedy.
3. The willingness and ability of the patient to co-operate with his physician.

I firmly believe that 95 per cent. of tabetic patients can be cured if the proper homeopathic treatment is begun in the first stage. I am sure that 70 per cent. of those treated in the early stages can be cured.

I like Clarence Bartlett's division into stages best, *viz.*, preataxic, ataxic, and paralytic. See his *Practice of Medicine*, Vol. III, page 233.

I am also confident that the other 30 per cent. of the second stage and all those in the third stage may have their suffering greatly relieved, the disease arrested, and life considerably prolonged by homeopathic treatment, *i.e.*, the use of homeopathic remedies and auxiliary treatment.

Symptoms.—First and of great importance for diagnosis is the personal history, *i.e.*, an admitted or demonstrated syphilitic infection. The symptoms will vary to a certain extent in different patients. The great majority of patients, however, will present the following in the different stages:

The Preataxic Stage. Subjective Symptoms.—Sharp, shooting, darting, lancinating, fulgurant, sticking, or lightning-like pains, also hot and cold, are among the earliest sensations. These modifying terms of pain vary according to the vocabulary of the patients relating their sensations. They are pure, subjective symptoms. Other subjective which occur very early are weakness, more frequently noticed in the extremities, and general fatigue from the least physical exertion. They may appear in any part of the body but more in the legs, at first. They may come at any or all times of the day or night, and their other *modalities*, such as from heat, cold, changes in weather, effects of different foods, and stimulants, also vary greatly, not only in different patients but in the same patient at different times. These sensations and their *modalities* at first are usually slight and of short duration but as the condition progresses they become more severe and of longer duration.

Mixed Subjective and Objective Symptoms.—This group comes under our division "Functional changes" and usually includes both subjective and objective symptoms.

The gastric crisis is the most frequent and is the best illustration of Arsenicum album. The patients will tell you of the "*awful, excruciating, twisting, cutting, gripping, burning pains*" with vomiting of a substance sour or bitter or both. At the same time your laboratory may

show an acidity or hyperacidity and your X-ray may show atony, pylorospasm, or spastic paralysis.

The urinary symptoms I consider the second in frequency of the functional changes. The patient complains of too frequent and too great urging, while by examination you can determine the existence of incontinence or retention, also abnormalities of urine.

The constant and ineffectual urging, and an impacted rectum sometimes occur.

Atrophy of the optic nerve is another early mixed symptom found in about * 10 per cent. of these cases. The patient complains of "trouble with my eyes" and the ophthalmoscope reveals a bluish-gray or muddy tint.

Diplopia also comes early and more than ten times as frequently as atrophy. The diplopia is due to paralysis of the external muscles of the eye. It is often very annoying and occasionally ptosis may accompany either or both of the above conditions or may be independent of either.

Thermic Centers.—The heat and cold areas are often both subjective and objective.

Objective Symptoms.—These in most patients are the result of our *structural* changes, the pathological symptoms of most authors. In addition to those mentioned as mixed, we have a few objective symptoms in the preataxic stage. Of these the Argyll-Robertson pupil is the most important of the early symptoms. Absence of reflexes, both deep and superficial, especially that of Achilles and the patellæ, also occur.

The Ataxic Stage.—In this stage we find many or all those given in the first stage more or less increased in their severity, plus the ataxic gait, which should be familiar to every graduate of a medical college. In fact

* See Jos. P. O'Connor's *Nervous Diseases* for frequency of many of the symptoms.

so common is it that in walking out of a playhouse a little over a year ago I heard a well known woman say of one of the actors, "My! but wasn't his syphilitic gait perfect." She was neither a medical woman nor in any way related to a physician.

The Paralytic Stage.—The history or presence of the symptoms described above, some of them greatly intensified, plus syphilitic manifestations in other tissues and organs of the body. The tabetic arthropathy is especially interesting. It may have disappeared entirely during the earlier stages or it may have progressed until the cartilages and bones of the joints are completely destroyed. The shafts may have become brittle and fracture from the slightest cause. Nails fall off and new ones grow in again. The sexual desire, which is rarely affected in the early stage, is lost in most cases. Bedsores and sepsis.

HOMEOPATHIC THERAPY.

While studying the symptomatology of our homeopathic remedies let me not only insist but persist in insisting that we constantly bear in mind not only the "*elective affinity*" of drugs but also their power to cause *irritability, inflammation, functional changes, and structural changes*. Also remember that the *modalities* are quite marked and hence important in the condition under consideration. I shall also follow my usual custom of *grouping* the symptoms of each remedy.

Arsenicum album.—While this remedy has a special affinity for the skin and mucous membrane it also has an affinity for and acts profoundly on every tissue and organ of the body. It has cured and can cure tabetic patients; it has checked and can check the progress of tabes; it has relieved and can relieve the terrible sufferings of the incurable tabetic patients. The two conditions in which it

has served me best were in the gastric and renal crises. Both irritation and inflammation are marked. The gastralgia and gastritis, and the nephralgia and nephritis are severe. The functional changes give us indigestion and vomiting and suppression of normal urine and urine containing albumin, tube casts, pus, etc.

The sensations are burning, darting, thrusting, sharp, stitching, splinter-like, throbbing. In addition to these sensations we have fear, anguish, extreme restlessness, and profound weakness. The *modalities* of Arsenicum album are also marked; in fact *violence* and *rapidity* of action characterize the action of this remedy. The *modalities* are: Aggravation from cold weather, cold food; after midnight; lying on the affected side; by light (eyes).

Ameliorations: From hot application; from hot foods and drink; from heat in general and from rest.

Let me cite a case as an illustration.

Miss Agnes B., aged 33, a teacher in our Des Moines schools, came to our office (Dr. A. M. Linn's and mine) forty years ago with the following symptoms: "Burning, shooting pains, darting like a *red hot needle* through all parts of the body at all times of the day, but worse from midnight on, so that I cannot sleep. They are also worse when I get tired the latter part of the week, and often I am obliged to get up, fill the bathtub with water as hot as I can bear, and lie in it for half an hour or more before the pains will let up so I can go back to bed and to sleep. This has been going on for months, getting worse all the time. For the last six weeks I have had trouble with my stomach. Everything I eat causes pain, nausea, and violent vomiting, first of what I have eaten, then mucus, and once a little blood. My bowels are loose and the stools excoriate. I am so weak I am afraid I will have to give up before school closes, which is a month from now."

She brought the above all written out (her father having been a homeopathic physician), she said, to save time. I began to quiz her as to her personal history. When I reached the sexual organs she at first denied ever having had any trouble, but, after an apparent struggle with herself, she told me that eleven years before, when she was teaching in a small town, her principal brought her to Des Moines to spend the vacation with him as man and wife. Later when she and he had a "falling out" he told her he had had syphilis at that time and knew that her sore throat and a few other symptoms she had had showed that she had contracted it. She went to a physician who examined her external genitals and assured her the man's statement was "spite work." I made a thorough examination and found that what the doctor had told her was true, but on the cervix was the clear evidence of a former chancre.

She was put upon Arsenicum album 6th for three weeks with no improvement, then the 30th with the same result. She then left for her ten weeks' vacation and returned with the statement that she would give us one more trial, and if not better she would try someone else, as she must go back to her work in three weeks. We then gave her Arsenicum album 1000th, five drops *t.i.d.* The improvement was rapid, first the nausea and vomiting, then the pains, and finally the weakness disappearing. She is a well preserved woman of 73.

And now for that 1000th. About a year after that a German woman, coarse, sluggish, a laboring man's frau, came in *admitting* that she had had syphilis and presenting nearly the same symptoms as the school teacher. Doctor Linn, having the other case in mind, gave her Arsenicum album 1000th, from the same vial. No results. He then went down to the 30th; no results; and then to the 3rd,

five-drop doses six times daily. Under that potency the improvement was slow but uninterrupted and the cure complete. She died twenty-two years later of influenza and pneumonia. I wish I understood and could explain such facts.

The renal group for *Arsenicum album* includes burning pains in the region of the kidneys and from there shooting down the sciatic nerves; sensations as if the hot tines of a fork were thrust into the intestines; urine hot, burning, much urging, scanty and sometimes suppressed; in the late stages we may have albumin, casts, and pus.

Give from the 2d to the 1000th and repeat according to the severity of the case.

Gelsemium sempervirens.—Has the affinity for the cord, irritating and inflaming it; also causing functional changes. In my experience it will not cause structural changes. It is most useful in the preataxic stage, only occasionally in the ataxic.

The sensations are: Marked weakness, heaviness, and trembling through the entire nervous system (*Argentum nitricum*); *easy fatigue* of the extremities, especially of the lower; a *staggering*, uncertain gait; *paralysis* of the bladder and rectum; and occasionally the muscles of deglutition and phonation are included in the group, but I have found diphtheria and excitement to be the cause of paralysis of these tissues ten times as often as the syphilitic poison. On the other hand paralysis of the ocular muscles, producing diplopia, strabismus, and ptosis, is caused ten times by syphilis to once by diphtheria and excitement. The *Gelsemium* patient suffers little pain. The period of irritation is absent, that of inflammation short and light, while that of functional change is marked.

I have secured the best result from the 3rd and the 1000th. The dilutions between have not served me as well.

Argentum nitricum.—Argentum is the complement of Gelsemium. It is a much deeper acting drug, however. I have secured good results from it in all stages. It has the weakness and trembling of Gelsemium and it also has much more pain. In this respect it more nearly resembles Arsenicum album, *i.e.*, burning and sticking. It equals, if not excels, Arsenicum for the gastric and renal crises. The stools of Argentum contain much more mucus and flatus than those of Arsenicum or Gelsemium. The mucus is generally green in color, being lighter or darker according to the amount of blood in them. The abdomen in these cases is always greatly distended and painful.

In the renal group Argentum differs from the Arsenicum in the amount of urine. Unless the gastric crisis complicates the renal, the urine is usually profuse. Use from the 6th to the 200th.

Plumbum.—This is another deep acting remedy which has a special affinity for the nervous system, also for the arteries, the kidneys, and in fact the parenchyma of other organs. It not only violently irritates the spinal nerves, but causes functional and structural changes such as cell proliferation, sclerosis, and finally complete degeneration. From its irritation we have very severe pains in legs, arms, uterus, kidneys, and intestines. The most characteristic is the *girdle* pain. *Weakness* is marked and at the same time great restlessness (Arsenicum album). There is hyperesthesia, at first, and then anesthesia, of the affected parts. The renal crisis is worse than the gastric, although the enteralgia of Plumbum is "terrible." Plumbum patients are always constipated, differing in this re-

spect from Arsenicum, Gelsemium, and Argentum. Use the 30th and the 1000th.

N. B. A tabetic painter who said he could no longer work at his trade, who had all the above named symptoms of Plumbum, but whom Plumbum in any potency failed to help, was cured by Thallium metallicum in the 30th trituration.

I consider Thallium not only a good general antidote to Plumbum but a complement to Plumbum in tabes, the same as Argentum is to Gelsemium. I use both in the trituration up to the 30th and the dilution above that. I have seen the statement from a few who claim that Plumbum *iodatum* acts better than the metallicum. I have never seen the result of the proving of the iodatum and have never used it. I can see, however, how it might be superior if the glands were seriously involved.

Zincum phosphoricum.—This, with the other four given above, forms a quintet of remedies which have given me good results in over 90 per cent. of the cases of tabetic patients I have treated with any degree of success. I formerly used Zincum metallicum, but for fifteen years past I have used the Zincum phosphoricum. Zincum metallicum has produced most of the symptoms found in some tabetic patients. It has served me best when, in addition to syphilis, epilepsy was the predisposing cause or where epilepsy was the exciting cause. The other prominent exciting cause was business worry or mental excess, *i.e.*, overwork. The first case in which I used the remedy with success, that surprised not only the students but myself, was a man with a syphilitic history of twenty years, and of epilepsy, caused by an injury, for two years. He had been given the bromides in "heroic" doses with the result that he was almost an amemic. He was led into my clinic by a relative. Three years after,

his epileptic convulsions had ceased and his mental condition was such that he was conducting a large business alone and successfully. Zincum phosphoricum and Argentum nitricum are two remedies which are about equally successful in treating tabetic patients when, in addition to *degenerative changes of the cord*, similar changes have begun in the *brain*. I always used the 3rd, the 6th, or the 12th trituration of Zincum phosphoricum.

Other Remedies.—Bartlett, in his *Practice of Medicine*, published in 1924, mentions Alumina, Phosphorus, Picric acid, Belladonna, Berberis, Nitric acid, Secale, Potassium iodatum, Aurum muriaticum, Cerium oxalate, Cocaine, and Solanine. When he wrote on this subject in 1894 * he included in addition to the above Aesculus, Causticum, Colchicum, Fluoric acid, Kali bromatum, Nux vomica, Physostigma, Rhus, Stramonium, and Sulphur. This reduced list of Bartlett shows the improvements in diagnosis which have taken place in thirty years. Ten years more will cut out three-fourths of his present list. Before leaving Bartlett's lists I want to say a few words about Berberis and Nux vomica. I never have received any benefit from Berberis for the renal crisis of tabes, notwithstanding the fact that many of our authors give it a prominent place. The pains over the kidneys and from the kidneys through the ureters to the bladder and also in the bladder which Berberis will help are due to the irritation, etc., of renal calculi. This action is on the peripheral and not on the central portion of the nerve. The same may be said of Aesculus. It is not the posterior roots and horns of the spinal cord that Aesculus has an "elective affinity" for, but the portal circulation.

Nux vomica or Strychnia and Nux are the best remedies for atrophy of the optic nerve. I had an old

* Goodno's Practice of Medicine, Vol. 1, page 48.

school friend, an oculist, who had wonderful success in checking the progress of this disease. Physicians from far and near sent him their patients. Sitting on my porch one evening he told me his treatment was to inject *about the orbit* one-hundredth grain of Strychnia and to follow that with ten drops of Nux vomica tincture three or four times daily. He said the patients complained about the use of the Nux and asked for a dilution. I gave him the 3rd and he used it after that, with equally good success. I have followed him with success in a few cases. All that is expected from the treatment is to check the progress of the atrophy.

O'Connor gives the following, not mentioned by either Bartlett or myself, *viz.*, Lachesis, Silica, Angustura, Carboneum sulphuratum, Cadmium, Duboisia, and Strontia carbonica.

In addition to the five major remedies given above, I have used the following temporarily: Colocynth and Magnesia phosphorica to relieve the pains; both in the 3rd and in hot water.

Alumina, Nux vomica, Lycopodium, and Hydrastis for constipation. I sometimes use the Hydrastin instead of Hydrastis. The preparation of this drug, however, which has served me best—not only for the constipation of tabetics but for patients suffering from constipation from any cause—is Pettitt's pills. Dr. W. H. Pettitt, of Cedar Falls, Iowa, wrote the original formula for these pills. Our pharmacists have made many changes of Pettitt's formula but they have only lessened its efficacy by so doing.

Specific Therapy.—*There is no such thing as specific therapy for the treatment of patients.* This is a term used by those who treat diseases rather than individuals.

The Great Physician treated His disciples as individuals, not "en masse." Recall His treatment of Peter and John as an example. The term as used is a false one. Were it true there would be no need of physicians. The leading pharmacies of the old school, and, I am sorry to say, some of ours, could put their goods in some repository in every city, label them for tabes, tic, pellagra, or pneumonia, and all the people would have to do would be to drop the silver in the proper slot and the specific remedy would drop into their hands. The best proof of the falsity of the theory of a specific therapy is the fact that every six or twelve months the above referred to pharmacies change their specific therapy. Not only is this true of the pharmacies who send us their new specifics, but of the physicians who believe in specific therapy and who change their remedies at least every decade. *Tabes and typhoid are always the same.* Their symptoms vary according to the individual affected and the circumstances and surroundings of the individual.

Auxiliary Treatment.—This is very important, not only to assist our homeopathic remedies in curing all curative cases, but in checking the progress of incurable cases, and in ameliorating the suffering and prolongating the life of the incurable.

Palliative Remedies.—I cannot endorse the routine use of the coal-tar preparations, and especially aspirin, for the purpose of numbing the sensibility and thus relieving pain and affording sleep. They all interfere with the action of our homeopathic remedies and materially lessen the patient's chances for recovery or prolongation of life. I made this statement to an old school friend once and he retorted, "Why prolong life for such? The sooner they die the better it is for them, their friends, and humanity in general. I shall continue my aspirin." He did, and

the patient died before his "house was put in order" or his only son reached his bedside.

The indicated homeopathic remedy will in the great majority of cases relieve the pain better than "pain killers," which in most cases are also man killers.

Rest.—The benefit you will get from rest will depend entirely upon the stage of the disease and the other conditions of the patient. *Rest is most essential during the irritation and inflammation* of the tissues involved. Hence all stimulants like tobacco, alcohol, or electricity are contraindicated at this stage.

Motion.—Judicious exercise, active, personal, or by masseurs or electricity, will prove beneficial *only after the algia and itis are under control* and when there is a beginning of central cell degeneration and muscular changes. This exercise should be applied cautiously, regularly, persistently, and, needless to say, intelligently. The object is to restore the partially destroyed cells which have formerly functioned or to bring into action new cells of the same kind, which have never functioned. "Behaviorism?"

Change of Climate.—This is helpful when possible for those who suffer from changes of weather.

Clothing.—The patient's clothing has much to do with the prognosis. A very prominent society woman came to me with, "Doctor! what am I going to do? I cannot go out any more without taking cold, which for two or three days gives me the worst attacks of neuralgia and neuritis you ever saw. I can't give up all my parties." My reply was, "Put on *some* clothes." My experience has taught me that flannel or even woolen underwear is best for such cases. Many patients, however, would "choose" rather to drop out of life than out of fashion, and will not follow advice.

The three qualities which a physician should possess to treat these patients successfully are good "horse-sense," initiative, and firmness. If he has not these he had better give up practice and seek some employment in which someone will tell him just what to do and how to do it.

Water.—To stimulate circulation of the spine I find the use of water, both hot and cold, very beneficial. Take two vessels, put in one water as hot as you can bear the hand in; in the other, ice cold water. Have the patient lie on the stomach; take a sponge and apply the water, first a spongeful of the hot and then of the cold. Keep this up for ten or fifteen minutes, every two or three days, at bedtime. Alternating the hot and cold acts better than the use of either alone. Sponge in this manner the entire length of the spine from the occiput down.

TUMORS.

TUMORS OF THE BRAIN AND NERVES.

Our authors divide these into two classes and then make several subdivisions, *e.g.*, "Intercranial tumors" and "Neuromata."

The former are subdivided according to their pathology into: "Angiomata," "carcinomata," "cholesteatomata," "chordomata," "endotheliomata," "enchondromata," "fibroglomata," "papillomata," "gliomata," "sarcomata," "syphilomata," (gummata), "telangiectomata," "teratomata," "tuberculomata," also "cystic tumors," "exanthematous tumors," "parasitic tumors" and "pituitary tumors."

Neuromata include tumors of all varieties found in the nerve trunks or their branches. They may be simply hypertrophied nerve fibres when they are called "true"

neuromata or they may include hyperplastic tissue, in which case they are called "false" neuromata.

The true neuromata are subdivided into myelinic, amyelinic or gangliar, according to the tissues of which they consist, *viz.*, medullated or non-medullated fibres, or ganglion cells.

Let us now consider the first class, *viz.*, *intercranial tumors*.

Etiology.—Many factors have been definitely proven to be the causes in some one or more of the varieties; on the other hand the general practitioner meets many cases for which no cause can be positively given. This is true even when autopsies have been held, and still more in cases of patients who have died and on whom no autopsies were held; or of those patients whose tumors have been absorbed or have otherwise disappeared.

Of the definite, known causes we have:

Age, which is a marked cause in cases of tubercular tumors of the brain and nerves. The percentage of cases in which tuberculosis has been and is the etiological factor is variously estimated by different authorities. Bartlett puts age third following gliomata; endotheliomata in one statement and sixth in another. I would give tuberculosis the first rank. I do this as the result of my experience and observation, *viz.*, ten years in a private children's home, ten years in a maternity home for unfortunate girls and women, and thirty years in the clinics of a state hospital for patients of all classes and ages.

Sex.—Sex also plays a very important part. From my experience I would say that the ratio of males to females is about 5 to 2. The exception is the sarcomatous patients in which class women have outnumbered men. *Trauma* is the condition which makes the percentage of men so much higher than that of women.

Traumatism.—This, as just stated, plays a very important role as an etiological factor. Because of the fact that the result of an injury to the brain may not appear in form of a tumor for months or even years is the reason why this cause is so often overlooked. This reason shows the importance.

Heredity is still another factor and should be associated with traumatism. The tendency to tuberculosis is the most frequent one. Rarely we find tumors the result of inherited syphilis, but my experience would put acquired syphilis more frequent than inherited at a ratio of 5 to 1. Injuries in tubercular patients result in abscesses more often than in any other form of tumor. In other words, the growths, whether hypertrophic or neoplastic, break down and become prevalent more often in tubercular than syphilitic patients.

As stated above, the number of children who suffer from tumors caused by tuberculosis is much greater than that suffering from syphilis.

Malignancy.—In the word malignancy let us include other conditions than tuberculosis and syphilis, *e.g.*, carcinoma. I make this classification because the profession is so evenly divided on the question of the heredity of cancer. It has been pretty well established, however, that carcinomata of the brain has occurred in persons whose parents have died of carcinoma and who also had carcinoma of some other tissue or organ themselves.

Pathology.—As we look over the various forms and causes of tumors, it becomes evident that the changes must be various and numerous. As a matter of fact I have attended post mortems which revealed different changes; in one case, a thin liquid pus in an abscess; and hard hypertrophied bone in a second case. The growths vary greatly in size and also in consistency, all the way

between liquid and bone. The important thing about the pathology is its bearing on the diagnosis and prognosis.

Diagnosis.—To make a correct diagnosis is by no means an easy task. It requires skill, training and experience; and yet it is of the greatest assistance in the selection of the indicated homeopathic remedy as well as in making our prognosis. Careful taking of the case is absolutely necessary for the purpose of attaining these two last-named objects.

Tumors are sometimes mistaken for poisoning of plumbum, which may cause headache; rarely vomiting; optic neuritis, and blindness; also uremic convulsions. The duration of the disease and a complete and thorough blood examination will help decide the diagnosis.

Time and knowledge will help differentiate between tumors and organic or functional troubles, like hysteria and neurasthenia. Training and experience in the grouping of symptoms is of greatest help in making a diagnosis between structural and functional abnormalities.

Prognosis.—It is apparent at a glance of the above that our prognosis must vary for different individuals, depending upon the etiology and pathology to a great extent, but more upon the individual. The prognosis should always be guarded. It should be grave, unfavorable in the majority of cases.

Symptomatology.—In numbers the symptoms resemble those of hysteria. This is also true of the variety. Remembering that our patient may be suffering from tuberculomata, gliomata, carcinomata, endotheliomata, sarcomata or gummata; also bearing in mind that the tumor may be very small or large, thus causing a simple irritation of some nerve center or great pressure of some portion on the brain mass, we must not only expect many and varied symptoms, but as well many groups of symp-

toms; symptoms both direct and reflex, or rather local and general.

Headache.—The determining, ranking symptom is headache. Around the headache as a center may be constructed many groups. The headache, as a rule, is constant, very rarely intermittent. The severity of the pain, however, is not so constant. The character of the pains also varies, all the way from dull to sharp, depending not only upon the size, location and variety of the tumor, but upon the patient's vocabulary. The *modalities* are usually many and marked. Position, excitement, time of day, also time in relation to eating and sleeping, anything affecting the circulation of the blood in the head increases or decreases the pain. The patient does not always use the word pain; some have said to me that they had no *pain*, but a *distress*, a *soreness*, a *tenderness*, a *queer feeling*, a *little unnatural*, etc. The soreness or tenderness, if in spots and near the surface, may be of assistance in locating the tumor. In a few cases there is neither ache, pain nor tenderness. I saw one such case, the tumor being in the region of the pons.

Vomiting.—This is a frequent symptom. In the great majority of cases there is no nausea with the vomiting. The vomited substance comes spontaneously, often violently. This symptom, "cerebral vomiting," is of great diagnostic value and has helped me in several cases to select a remedy which has given some relief and I believe prolonged life.

Vertigo is often present. I would estimate the proportion of cases to be three out of five. It may be general or local. More often general than local.

Dyschromatopsia.—Abnormalities of vision of all kinds occur in over 75 per cent. of all cases of brain tumors. In fact so numerous are they that we have not given it the

rank it deserves. We too often think that the patient who mentions all sorts of abnormalities of vision as hysterical and therefore overlook or minimize the value of these symptoms in making up our totality.

Double Optic Neuritis.—I rank this the highest of all conditions which accompany the headache of brain tumors. It usually comes later than the abnormal vision and, when taken in connection with that peculiar vision and vomiting, gives us a trio of symptoms upon which we may place headache and realize that we have a firm foundation for our diagnosis and for the selection of our homeopathic remedy.

Besides these five symptoms we have a long list of symptoms which have a place, though of less importance, in the group; symptoms found in various other tissues and organs of the body caused by the irritation, inflammation, functional changes and structural changes which the tumors produce.

NEUROMATA.

Before taking up the study of the remedies which have proven useful in the treatment of brain tumors, let us get a clearer idea of neuromata.

Definition.—The old definition ran something like this: A compression and destruction, or both, of the peripheral nerves, by tumors in the tissues through which the nerves pass, or invasion of the nerves by infectious granu-
lomata, or by metastases of malignant tumors.

Later on Virchow made the two divisions already mentioned, *viz.*, true and false neuromata.

Etiology.—This is the same as for brain tumors.

Pathology.—For the *false* variety the pathology is the same as for brain tumors. For the *true* variety, which is very rare and found to involve the sympathetic nerve

of the thoracic and abdominal cavities, the tissues are composed mostly of ganglion cells and non-myelinated nerve fibres.

The true variety usually has only one tumor, rarely multiple. The false may have either simple or multiple tumors.

Diagnosis.—The false resembles brain tumors. The true are more difficult to definitely diagnose.

Prognosis.—For the false, unfavorable, though not so much as for brain tumors. For the true, very favorable, especially for those of the single variety, because as a rule they are found in openings or foramina which are accessible and may be removed by surgical operations when they cannot be absorbed by our remedies.

While speaking of surgery for tumors I will quote the following:¹

"Tubercula Dolorosa.—Tubercula dolorosa, or the painful subcutaneous tubercles of Wood, may be either solitary or multiple; they are generally very small and lie directly under the skin. They grow slowly and are always benign. As a rule, they are neuro-fibromata, but are occasionally lipomata or sweat-gland adenomata which develop in connection with the smaller cutaneous nerves. They are generally exquisitely tender to pressure and may give rise to spontaneous pain. When troublesome they should be excised.

"Multiple neuroma or general neurofibromatosis is a condition in which a large number of tumors is found on many or all the peripheral nerves, and even in the sympathetic system; R. W. Smith² has recorded a case in which 450 were counted in one limb and over 2000 were

¹ Osler's Modern Medicine, Vol. VII, page 502 and 503.

² A treatise on Neuroma, Dublin, 1849, reprinted by the New Sydenham Society, London, 1898.

present in the body. They are nearly always simple fibromata, but may become malignant. The condition is distinguished from the solitary neuroma, of which there may be more than one on a nerve, by the presence of a diffuse hyperplasia of the connective tissue of the nerves between the tumors, so that they can be felt or seen through the skin as thickened and beaded structures. They are rarely tender to pressure, and do not, as a rule, produce pronounced symptoms. Occasionally they give rise to local, or to vague and wandering pains, but they scarcely ever cause paralysis or serious sensory loss. Petren has observed one case, and has collected others in which there was motor inco-ordination, probably secondary to loss of deep sensibility. These cases consequently resemble progressive interstitial neuritis. As a rule, inconvenience results only from the size of the tumors, although when seated on the spinal roots they may compress the spinal cord or the cauda equina, and within the skull they may give rise to the symptoms of intracranial tumor. All forms of neurofibromatosis are frequently associated with cretinism, idiocy, or other mental deficiencies."

HOMEOPATHIC THERAPY.

Let us now return to the selection of the indicated remedy. And let us first determine the purposes for which we are to select and administer that remedy. The purpose may be one or two of the following: 1st, to prolong life; 2nd, to relieve suffering during the prolonged life; 3rd, to restore the patient to his normal condition, *i.e.*, to cure him.

"Have we remedies which can prolong the life of this class of patients?" is a question often asked by students and those older in the practice of homeopathy. Since

1879, in which year I was cured of what our old family physician (an old school man) considered an incurable condition, I have answered this question with an emphatic *yes*.

How can we prolong life in the class of patients we are considering? How do our homeopathic remedies act in such cases? Life can be prolonged by arresting or retarding the growth of the tumors; 2nd, by relieving the pain which these growths produce. Pain and pressure both shorten life. I hear some say we will grant the above, but *how* do your remedies cure such patients? I answer by first arresting and then absorbing these tumors.

Calcarea carb.—I have given tuberculosis as the most frequent cause of tumor of the brain. I put the *Calcareas* as the most frequently used remedies which have successfully combated the effects of tuberculosis, especially when its victims were children.

Headache.—*Calcarea carb.* has the following under this heading: Vertigo, worse on suddenly turning the head; painful pressure extending into the nose; heaviness; fullness; confusion as if head were too full; confusion with rush of blood to the head; aching in bones of the side of the head; stitching pains in skull. Head feels hot as well as heavy; icy coldness in and on the head. The mental symptoms are apprehension, confused, fearful, and forgetful. The *modalities* are: worse from exertion, emotion, cold and wet weather.

Add to the above the make-up, especially that of the bones of the head and skin, and you have a good picture of this group of the remedy. It will arrest the growth of tumors; it will absorb tumors, whether the tumor consists of bone or other tissue. It has, it can and it will do it in the 3rd, the 30th, and 1000th.

Calcarea fluorica.—I have had only one case in which this remedy was of help. It was a case of neuroma with swelling and pain at the supra-orbital opening and one hard bony tumor of the scalp, both on the right side. The patient had a tubercular history, both family and personal. She had suffered from three attacks of otorrhea of the right side. Her mother had given her Pulsatilla 3rd and Silica 30th for the earache, but with no benefit. The Calcarea fluor. was given in the 12th, one grain, morning and evening. It was eight weeks before we noticed any perceptible effect, but from that time on the improvement was continuous and the relief complete at the end of seven months. She took only an occasional dose after the eight weeks.

Dr C. J. Loizeaux presented a similar case before the Des Moines Homeopathic Medical Society. The patient was a young girl, also with a tubercular history. She had, in addition to the neuroma, several exostoses in the humerus of the arm of the same side as the neuroma. These bony tumors were about the size of a hazelnut and very painful. The slightest pressure or touch sent "excruciating" pains through the entire arm. Calcarea fluor. 6th administered as in the above named case cleared up the case completely in about 13 months.

Calcarea phos. is a very important tissue remedy with a special "elective affinity" for the nerves and bones.

Headache.—Under this heading we have the following verified symptoms: "Headache worse in the region of the sutures;" "aching, drawing pains around lateral protuberances of the occiput;" "sore pain, drawing, rending, tearing in the skull bones, worse along the sutures;" "pressing pain from inner head to the eyes."

Modalities for the above are: Worse, during rest and change of weather; better, heat, hot applications.

Calcarea phos. is more frequently indicated for neuromata than for the other varieties.

I had a case, pure neuromata of the occiput; a young woman of tubercular diathesis; tall; of Phosphorus build, who had been given Phosphorus without benefit for over 9 months. She had also been given Silica 30th because the pain and soreness were better from wrapping the head and neck up warm. Silica had not helped.

I gave her one dose of Sulphur 1000th and after waiting three days gave her Calcarea phos. 12th, five grain tablets, 10 minutes before each meal. Relief from pain and soreness soon appeared and later on the neuromata became smaller and at the end of nine months were completely absorbed. They had been discovered two and a half years before she came to me.

Calcarea iod. I have never used. Dr. C. W. Eaton, however, reported a case of what Osler would call lymphadenitis cured by a prolonged course of Calcarea iod. 3rd. His indications—the make-up of the patient; dark, dry skin, and glandular. She had the history of adenoids which had been operated and at the time she began taking the Calcarea iod., had fibroids of the uterus. The fibroids were absorbed as well as the neuromata.

Phosphorus is not as useful as are its compounds for arresting or absorbing tumors. It has, however, assisted in building up patients suffering from the tubercular diathesis and preventing the return of tumors. This is especially true of patients who have once been afflicted with neuromata. The peculiar make-up and *modalities* are the ranking symptoms of Phosphorus in such cases. Vertigo and vomiting are the two next ranking symptoms of this Phosphorus group.

Iodine, which is one of the greatest tumor (glandular) remedies, is another which is seldom indicated for the

condition under consideration. I have never seen it indicated.

Kali iod. on the other hand is the most frequently used remedy for absorbing tumors. It is used by the three schools of medicine for that purpose, but in different amounts and preparations. The indications for its use I have given under the head of Embolism, page 239.

We should note that the Calcareas, Phosphorus and their compounds were all indicated for patients with a strumous or tubercular diathesis. We should also note that Kali iod., the Mercuries and Nitric acid are for patients suffering from syphilis, transmitted or acquired.

Mercurius iod., the second, is the most useful compound of Iodium, and is frequently called for to arrest and absorb gummata of the brain mass and bony tumors of the skull. And yet compounding Iodine with Mercury seems to lessen the efficacy of the latter. Because of this fact Mercurius sol. is used much more frequently and effectively than either Mercurius iodatus flavus or ruber. The indications for the Mercuries are also given under *tabes dorsalis*.

Hepar sulph. is used most frequently for abscesses of the brain or tumors with a tendency to break down and suppurate. The peculiarity of our ranking symptom—headache—is the sharp, sticking, boring character of the pains, and the soreness and sensitiveness of the skull and scalp.

Vertigo is marked and both the vertigo and headache are aggravated by moving the head, especially shaking it.

Modalities.—The general modalities are: Worse from the slightest draught of cold air; from dry, cold wind; from lying on painful side. Better in damp weather; from wrapping the head up; and from warmth. Note that the modalities are the opposite of those of Mercury.

Causticum and **Silica**.—These two remedies are in a class by themselves. While they may not, strictly speaking, arrest or absorb any of the mata we have been considering, they do arrest and absorb opacities, cataracts, which may, by a very little stretch of the imagination, be classed as intercranial tumors. I have enjoyed the friendship of three successful eye specialists, Professors A. B. Norton, F. J. Newbury and W. L. Bywater; all three have told me of their success in checking and absorbing cataracts with these two remedies.

There has been a remarkable unanimity as to the indications for their use, therefore I will quote Norton as representing the three.*

“The action of Caust. upon the lens is probably as pronounced as that of any remedy in our materia medica, and many cases of cataract have been arrested in their progress and even the sight improved, where before its administration they were rapidly going on to complete blindness.

“The following case will illustrate its action: A man appeared for treatment with well-marked hard cataract, which was rapidly increasing. (Had been told by celebrated oculists of the old school that he would soon be blind and that he then could be operated upon.) He complained of the following symptoms: A sensation as if there was a substance in the eye too large, causing a kind of heaviness and distention, only in the evening; also a feeling as if there was something moving in the eyes in the evening; could not retain his urine and could not feel the urine passing through the urethra. Under the influence of Caust. the progress of the cataract was immediately checked, and one year afterward the vision was found somewhat improved, though the white striæ in the

* Ophthalmic Therapeutics, page 521 and 608.

lens underwent no appreciable change. After seven years his vision remained fully as good as when he began treatment.—T. F. A. That this remedy has checked the progress of cataract and improved the vision has often been demonstrated to my satisfaction. It must not be supposed, however, that I believe cataract can be cured by internal medication, for I have never seen any change in the opaque striæ found in the lens, but only a clearing of the diffuse haziness which often accompanies this condition."

Under **Silica**, Norton writes: "Many brilliant cures of cataract under this remedy are reported, though grave doubts are entertained regarding the correctness of the diagnosis. It may be serviceable, however, in checking the progress of cataract when indicated by concomitant symptoms, upon which chief reliance is placed in prescribing for diseases of the lens."

Thus far we have considered remedies used for the purpose of arresting and absorbing tumors of the brain and nerves; remedies which have both prolonged the life of and cured patients. Let us in closing consider a few remedies which have relieved the sufferings of those who were not and are not curable.

Bryonia and **Hypericum** are the two leading remedies when a latent or slow developing tumor has been activated by traumatism. The indications for these two remedies have been given under traumatic encephalalgia.

Magnesia phos. has been the most effective remedy for relieving pain caused by tumors, especially the neuromata. The patients use all kinds of words and adjectives to describe their pains.

Algias of any part of the brain and nervous system have been relieved by it.

It is very seldom we have soreness or tenderness of the affected tissue.

The *modalities* are: Worse from cold or touch. Better from warmth, pressure or friction. I use the 3rd and 6th.

Agaricus is the second in respect to frequency of usefulness. The indications are given under tic. Other remedies given under tic, also under insomnia, may control the pain, giving sleep and rest.

Auxiliary Treatment.—This is indicated by the modalities of symptoms. Heat and cold; position; bandaging the part, etc.

As has already been indicated, surgery is of great help. For patients suffering from tuberculosis special care should be given to the diet, the clothing and rest. For all cases of tumors, excitement and exertion should be avoided as much as possible.

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2. All books on homeopathic theory and practice written in English, especially those on nervous diseases by my professors, O'Connor and Talcott, and of Professor John E. Wilson, whom I have known from boyhood.

3. The leading old school text books from Hammond, Osler, Anders, down to Curschmann. Also of the eclectics —Thomas.

4. Articles and case reports of tabes in our journals, having a full set of *The American Journal of Homeopathy* and *The Hahnemannian Monthly* from 1883 to date, and *The Journal of the A. I. H.* since its establishment.

5. The case records of my private practice for forty-two years and of my clinics at the State University of Iowa for thirty years.

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* Apoplexy, Embolism and Thrombosis are treated as divisions of Cerebral Hemorrhage.

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* Same as Cerebral Hemorrhage.

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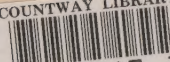
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